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ABSTRACT

The responsibilities of the Illinois State Council on Nutrition include studying and making recommendations concerning the following objectives: (1) introducing and developing information, subjects, and programs about nutrition for school curricula; (2) coordinating feeding programs for pre-school and school-age children, the elderly, and pregnant women; (3) compiling existing data on the nutritional status of Illinois citizens and continuous surveillance on those in rural and inner city areas; (4) discovering areas of nutritional deficiency and evaluating current feeding programs; (5) educating teachers for nutrition instruction; (6) utilizing available federal food programs and funds; and (7) making available programs for expectant and new mothers. This annual report lists nutrition awareness and education activities conducted under the aegis of the Council, including a newsletter and newspaper column, public service announcements, state fair exhibits, poster contests, "Golden Apple" Award, nutrition peer educators, Nutrition Month, internship program, conferences and council hearings, and interaction with state agencies and organizations. Members of working committees (Maternal and Infant Task Force; Child and Adolescent Task Force; Adult, Private Sector and Industry Task Force; Elderly and Low Income Task Force) are listed with descriptions of their goals and activities. The appendix contains reports, surveys, and projects referred to in the report. (JD)

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ILLINOIS STATE COUNCIL ON NUTRITION

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1982 ANNUAL REPORT

Representative Jim Reilly, Chairman

SP024339

STATE OF ILLINOIS

ILLINOIS STATE COUNCIL ON NUTRITION

Legislative Report
1982

Representative Jim Reilly
Chairman

Virginia R. Hill
Executive Director

ILLINOIS STATE COUNCIL ON NUTRITION
524 South 2nd Street • Suite 405 • Lincoln Tower Plaza
Springfield, Illinois 62706 • 217/785-8664

REPRESENTATIVE
JIM REILLY
CHAIRMAN

VIRGINIA R. HILL
EXECUTIVE DIRECTOR

Dear Governor Thompson and
Members of the General Assembly:

As the new chairman of the Illinois State Council on Nutrition, it is with great pleasure that I submit the 1982 Annual Report. The goal of this report is to review the Council's activities and involvements during the past year. Through our hearings, surveys, conferences, and various educational materials, the Council has endeavored to fulfill the mandates of the law creating the Council.

I would like to express my thanks to those individuals who gave of their time and expertise to assist the Council in its efforts to improve the nutritional status of the citizens of Illinois. On behalf of the entire Council, I especially would like to express my gratitude to Peter P. Peters, former chairman of the Council, for his foresight in recognizing the importance of a state nutrition council and his legislative expertise in guiding the Council through its formative years.

I am also grateful to the Governor and members of the Illinois Legislature for their support of the Council.

Respectfully submitted,

Jim Reilly, Chairman
State Representative

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1983

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Donna Branthaver, Secretary

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Germaine Rondoni, Chicago
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  Thomas Villiger/Margaret Cowden

Department of Mental Health & Developmental Disabilities
  Ivan Pavkovic, M.D., Executive Director
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Joan Gaffney, R.D., Darien
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STAFF

Virginia R. Hill, Executive Director
Susan Norris, Project Director
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ILLINOIS STATE COUNCIL ON NUTRITION

AN ACT to create a State Council on Nutrition and to specify its powers and duties. P.A. 80-736, approved and effective September 16, 1977. Amended by P.A. 82-0512, Para. 2501, Sec. 1, and Para. 2504, Sec. 4, September 16, 1981.

2501. Creation--Membership

§ 1. There is created a State Council on Nutrition, herein called the council, which shall consist of 3 members each appointed by the Speaker of the House, the House Minority Leader, the President of the Senate and the Senate Minority Leader, 2 members in each case to be members of the respective House of the General Assembly, and 1 member to be a spokesman or representative of any of the following: voluntary health agencies, public health agencies, food scientists, curriculum specialists and public health nurses; the Directors of the following Illinois Code Departments or their designees; Public Health, Mental Health and Developmental Disabilities, Aging, Children and Family Services, Public Aid, and Office of the Superintendent of Education, and 1 member appointed by each of these Department Directors or their designees; and 6 public members appointed by the Governor, of whom at least one shall be a physician licensed to practice medicine in all of its branches, one a registered dietician, one a health education professional, one a graduate home economist and one a consumer. The council shall elect from among its legislative and public membership a chairman.

2502. Terms--Vacancies--Compensation

§. 2. The terms of members of the Council shall be 2 years, and shall commence on July 1 of each odd-numbered year. Initial appointments to the council shall be made within 30 days of the effective date of this Act. Vacancies shall be filled by the appointing authority which appointed the vacating member. The members of the council shall continue to serve until their successors have been appointed and qualified.

The public members of the council shall receive a salary of $50 per day for each day they are in attendance at meetings of the council.

2503. Staff personnel--Compensation

§ 3. The council shall employ and fix the compensation of staff personnel which it finds necessary to carry out the objectives of this Act.

2504. Power to accept and disburse grants, etc.

§ 4. The council is empowered to accept and disburse grants, gifts and other moneys from the federal government, and from any other source, and to accept and expend registration fees, for implementation of any program or conference necessary or desirable for carrying out the general purposes of the council. Such grants, gifts, fees and other moneys may be held in trust by the council and expended in the exercise of its powers and performance of its duties.

2505. Hearings--Subpoenas

§ 5. The council may conduct hearings as necessary to the carrying out of its objectives, and may issue subpoenas to compel the attendance and testimony of witnesses and the production of papers, books and records.

2506. Study objectives--Reports

§ 6. The council shall make a thorough study of the following objectives, and shall make recommendations, including recommendations for legislation, to the General Assembly for the implementation thereof:

(a) the introduction and development of nutritional information, subjects and programs into the curricula of primary and secondary schools and make them available to the private sector;

(b) the coordination of feeding programs for pre-school, school-age children, the elderly, pregnant women and others on local, State and federal levels to ensure that the Middle Income Criteria or the Medium Cost Diet of the United States Department of Agriculture, based on the current recommended dietary allowances of the National Research Council's Food and Nutrition Board, or similar criteria, are met in all feeding programs;

(c) the compilation of existing data on the nutritional status of Illinois citizens, and continuous surveillance of Illinois citizens, with emphasis on those in rural and inner city areas;

(d) the discovery of nutritional deficiencies which cause retardation and underdevelopment and the strengths and weaknesses of present feeding programs;

(e) the education of teachers for the teaching of nutrition and the presentation of necessary information to school pupils on proper eating habits;

(f) the full and appropriate utilization of all federal food programs and funds available from the United States Department of Agriculture throughout the State; and

(g) to make available programs for the education of expectant mothers and new mothers in the proper pre- and post-natal care of infants to lessen nutritional deficiencies and decrease the chances of developmental disabilities in each child in the State of Illinois.

The council shall submit an annual report of its study finding and recommendations to the General Assembly and the Governor, and submit a summary of the report to the media for wide distribution.

BACKGROUND INFORMATION

The Illinois State Council on Nutrition (ISCON) was established by the Illinois General Assembly in June, 1977. The Council is composed of 30 members - 8 legislators, 10 public members, 6 agency directors, and 6 agency representatives as mandated by law.

The Council also includes Associate Members which are not voting members of the Council but are experts in various nutrition related fields providing valuable input on the development of Council activities.

The Council and Associate Members are divided into four permanent task forces focusing on major nutrition related needs of the citizens of Illinois. During 1982 the task forces were revised and are as follows:

Maternal and Infant
Child and Adolescent
Adult, Private Sector and Industry
Elderly and Low Income

Each task force is responsible for studying existing areas of concern and making recommendations to the Council for programs and actions that the Council might undertake.

A more detailed review of these task forces, their activities, and accomplishments is included later in this report. The task forces demonstrate a teamwork between various state and local agencies, public and private organizations, persons of professional disciplines, legislators, and citizens attempting to improve nutrition in the State of Illinois.

NUTRITION INFORMATION MATERIALS

During the past year, the Council developed and printed a new brochure, a report on our Nutrition and Teenage Pregnancy Hearings, a bibliography, and three new posters to add to its list of educational materials. Previously printed brochures have also been reprinted.

Following is a list of our educational materials, brief descriptions of each, and the number that were distributed in 1982.

Brochures - 171,020 Distributed

"Good Health, Exercise/Nutrition" was prepared jointly by ISCON and the Governor's Council on Health and Fitness. It explains the importance of incorporating good nutrition habits and regular exercise into the life style for optimal health.

"Primer for Preschool" was a joint effort with the Department of Children and Family Services. The brochure contains the basic concepts of nutrition, suggested learning activities, a food guide, and tips for parent involvement. It was developed specifically for day care centers.

"Nutrition and Pregnancy" includes answers to questions asked about pregnancy, a recommended diet plan, and the major nutrients that are important to pregnant women.

"Crossroads to Health, Your Choice" illustrates the proper diet plan and nutrients important to health, types of foods to consume in moderation, and types of foods to avoid when health problems such as high blood pressure and obesity exist.

"A Guide for Parents, Lacto-ovovegetarian Diets for Children" illustrates the proper method for planning lacto-ovovegetarian diets for children ages 1-6 years old. It includes concerns of the diet, a daily food guide, a sample menu, needed nutrients, and best sources. The Council is not advocating this type of diet, but felt there was a need for accurate information concerning lacto-ovovegetarianism, particularly for children.

"Nutrition Knows No Age" is a large-type brochure written specifically for the elderly population. The eight-page brochure includes sections on changes in the body that affect eating, a basic four food group plan, nutrient function table, disease and diet, food and drug interactions, a daily menu guide, and some nutrition hints and tips.

"Nutrition Education - Let's Integrate" illustrates ways that nutrition education can become a part of basic subject areas such as Consumer Education, Art, Science, Social Studies, Language, and Math. It also includes lists of curriculum guides, reference catalogs and books, games, journals, and recommended basic nutrition books.

A Guide to Healthy Eating - 471 Distributed

"A Guide to Healthy Eating" was written by Garfield Pickell, M.D., and Karen Little, R.D., from the Department of Family Practice at the SIU School of Medicine in Springfield. The 54-page booklet is a basic guide for sensible eating and includes menu and food preparation suggestions, complementary protein guide, and a recipe section.

Report on Nutrition and Teenage Pregnancy - 996 Distributed

The 62-page report contains the six issues which were identified from three days of hearings held by the Council and pertinent statistics regarding the extent and problems of teenage pregnancy in Illinois.

The Art of Food Selection - 944 Distributed

The bibliography, "The Art of Food Selection: A Bibliography for Consumers and a Guide for Librarians to Help Consumers," was prepared for the Council by Sherwood Kirk from Lincoln Library in Springfield and Ronald Winner from the Illinois State Library. The bibliography lists sources which will assist the consumer in developing and improving food selection skills. The bibliography was distributed to libraries throughout Illinois to be used as a consumer referral guide.

Posters - 5,570 Distributed

- "JUNK FOOD? That's All Behind Me." ILLINOIS STATE COUNCIL ON NUTRITION

  1981 Poster Contest Winners - original artwork by students in grades K-3, 4-6, and 7-8:

- "I'm For Balanced Meals."

- "Eat Nutritious Foods, and You'll be Healthy Dudes."

- "Be Bright, Eat Right."

- "Surround Yourself with Good Eating Habits. Don't Border on Bad Nutrition."

1982 Poster Contest Winners - original artwork by students in grades K-3, 4-6, and 7-8:

- "Get On The Right Track To Good Nutrition."

- "Good Health is a Treasure; Eat Nutritional Food NOW."

- "With Good Nutrition Your Health Is In The Bag!"

The distribution of these educational materials was in response to written requests, telephone requests, and walk-ins. Materials were also distributed at various conferences, workshops, and seminars around the State.

The following is a list of people or places which have received information: elementary and secondary schools; colleges and universities; hospitals; doctors; dentists; Cooperative Extension Services; Illinois General Assembly; youth organizations; YMCAs; YWCAs; senior citizen nutrition centers; nursing homes; information desks in state office buildings; state home economist conventions; medical schools; State Board of Education Food and Nutrition Programs; Department of Public Health's Women, Infants, and Children (WIC) clinics; Nutrition Education and Training (NET) centers and workshops; Future Homemakers of America-Home Economics Related Occupations; State Health Educators conference; Parent/Teacher Organizations; Heart Association; Medical Society; Health Departments; preschool and day care centers; School Food Service; dietetic associations; nurses (school and community); obstetricians and gynecologists; private health clubs and exercise classes; public libraries; private industries; various other state and public organizations; and many individual consumers who have heard about the Council's educational materials.

Helen Mack of Springfield, Illinois, from the Retired Senior Volunteer Program volunteers one day a week of her time to assist the Council in packing, addressing, and mailing the educational materials requested.

The Council has also become a source of guidance for schools and clubs that request assistance in developing nutrition curricula and policies, and for consumers who have questions concerning nutrition and health.

NUTRITION AWARENESS AND EDUCATION

The promotion of nutrition to all ages is a primary goal of the Illinois State Council on Nutrition. The following were undertaken in an attempt to achieve this goal.

ISCON Newsletter

During 1982, the Council published three nutrition newsletters. Although each issue included Council news, each was also devoted to a particular topic as follows: (1) Nutrition Month Special, (2) Nutrition and Teenage Pregnancy Hearings, and (3) Nutrition Education. Since the mailing list for the newsletter is comprised of approximately 12,000 different individuals, schools, and organizations in the state, it is an effective method of reaching the general public with updated nutrition information.

Newspaper Column

Through the Illinois Information Service, a nutrition news column is sent out from the Council office twice a month to 610 newspapers in Illinois and to state agency offices. The news articles are focused on current issues or controversies in nutrition and are written in terms for the general public to comprehend.

During 1982, a total of 148 different newspapers printed 536 articles with total circulation being 3,603,248. ISCON is attempting to update and educate the general public and respond to their need for accurate nutrition information.

For a list of the newspaper articles published during 1982, see the Appendix.

Public Service Announcements

In order to create a better public awareness of proper nutrition, the Council distributed public service announcements to television and radio stations in Illinois and bordering cities. The public service announcements were created by the FHA-HERO Nutrition Peer Educators during their 1981-82 training session, and the Illinois Information Service professionally prepared them for use.

One public service announcement video tape was sent to 33 television stations and featured a performance by students from Springfield High School in Springfield, Illinois. The students performed a public service announcement entitled "Score, Score, For the Old Basic Four" which was sung to the music of the Notre Dame Fight Song.

A tape of the "Score, Score" announcement along with eight suggestions for live scripts on nutrition were sent to 134 radio stations.

A list of the public service announcements can be found in the Appendix.

State Fair Exhibits

The Council sponsored a booth in the Government Tent at the Illinois State Fair on August 5-15, 1982. The theme of the display was "Exercise and Nutrition" and was developed and prepared by Michael Bingham, the ISCON intern from Southern Illinois University, Carbondale. Display materials included posters, a chart on exercise equivalents of foods, a nutrition and exercise IQ board, free booklets on exercise and nutrition, and a variety of free brochures and posters developed by the Council. During the Fair, 5,560 posters and brochures were distributed.

ISCON's brochure for the elderly, "Nutrition Knows No Age," was also distributed at the Fair's new Senior Center. On August 12 and 13, 1982, Janet Ringhouse and Anita Pherigo, FHA-HERO Nutrition Peer Educators from Easton, Illinois, were present at the display.

Also during the 1982 State Fair, a pilot survey was administered to a random sampling of 50 people. The survey included thirteen questions on various aspects of food habits, nutrition information, and nutrition education. Results of the "Pilot Testing of the Nutrition Component of the Illinois New Initiatives Survey" can be found in the Appendix.

Poster Contest

With the cooperation of the Educational Service Region Superintendents in Illinois, the Council sponsored its third annual poster contest for school children in grades K-8. The theme of the poster contest was the promotion of good eating habits.

Each region had a winning poster in each category of Grades K-3, 4-6, and 7-8 that was submitted to the Council office for state judging in Springfield on February 16-19, 1982. Judges for the poster contest were: Art Blair, Illinois Department of Public Aid; Martha Brown, R.D., Nutrition Education and Training Coordinator, Illinois State Board of Education; Christina Fenner, Print Section Chief, Illinois Information Service; Elvira Jarka,

R.D., Coordinator of Nutrition Services, Division of Health Promotion and Screening, Illinois Department of Public Health; Dick Klage, Illinois Department on Aging; Janet Maas, R.D., Division of Health Promotion and Screening, Illinois Department of Public Health; Bernard Neff, Graphics Department, Illinois State Board of Education; Cornelia Powell, Graphics Department, Illinois State Board of Education; and Arloa Wheeler, Graphic Artist, Illinois Information Service. A list of eight criteria and a point system were used in the judging.

The 1982 Poster Contest Winners were:

GRADES K-3

First Place	Jeff Hassler, Third Grade St. John Neumann School, Collinsville
Second Place	Joshua Crooch, Third Grade Fourth Street School, Geneva
Third Place	Dana West, Third Grade Jefferson School, Johnston City

GRADES 4-6

First Place	Jeong Han Lee, Fourth Grade Robert Frost School, Mt. Prospect
Second Place	Nancy Gregson, Sixth Grade St. Augustine School, Hecker
Third Place	Jason Karns, Fifth Grade Jefferson Elementary School, Charleston

GRADES 7-8

First Place	Candi Clapp, Seventh Grade Atkinson Middle School, Atkinson
Second Place	Beth Haijenga, Seventh Grade Forrestville Valley School, Forreston
Third Place	Robbi Garner, Eighth Grade Divernon Grade School, Divernon

The three first place state winners, Jeff, Jeong, and Candi, along with their parents and teachers, were invited to Springfield to receive their first place awards on Friday, May 21, 1982. After visiting with the State Representatives from their districts, the group was invited to the Governor's Office in the State Capitol Building, and Governor Thompson presented plaques to the three winners. Representative Peter P. Peters, ISCON Chairman, then escorted Jeff, Jeong, and Candi onto the floor of the House of Representatives where they sat at the desks of their various legislators and were introduced to the House members.

The day also included a tour of the Illinois State Museum and the Council office where the group viewed the other winning posters.

The three winning posters were printed and are being distributed throughout Illinois by the Council to further promote good nutrition. Each of the 13,353 students who participated in the contest was awarded a recognition certificate from the Council signed by Governor James R. Thompson, Representative Peter P. Peters, ISCON Chairman, Mrs. Virginia R. Hill, Director of the Council, and the respective Regional Superintendents.

Golden Apple Award

In order to recognize efforts made in Illinois to promote nutrition awareness, a Golden Apple Award has been developed. Recipients of the Golden Apple Award receive a walnut plaque which displays a certificate signed by the Council Chairman. By awarding these plaques, the Council can recognize contributions made to nutrition awareness and education, promote public relations, and stimulate nutrition awareness programs.

During 1982, two Golden Apple Awards were presented to the following:

- McCleery Elementary School in Aurora for their sequential nutrition education program which began during the 1979-80 school year. Each year their program has been focused on a specific nutrition concern as follows:

1979-80	Nutrition Concepts and School Lunches
1980-81	Breakfasts
1981-82	Snacks
1982-83	Proper Diet and Health

  Program activities emphasize 'hands-on' experiences for the students and involve faculty, parents, and food service personnel. The nutrition education program has provided productive experiences for staff and students and has produced significant gains in student and parent knowledge about proper nutrition.

- "Mr Ash" (Ashod Baboorian) for his creative and imaginative use of nutrition information in his presentation of live, magic-comedy acts to school children.

FHA-HERO Nutrition Peer Educators

For the fifth consecutive year, the Council sponsored the Future Homemakers of America-Home Economics Related Occupations (FHA-HERO) Nutrition Peer Educators program. The Peer Education project, "Encounter Nutrition," has three main objectives:

- To provide today's youth with an understanding of food and its relationship to the body.

- To stimulate interest in eating a well-balanced diet.

- To provide today's youth with accurate, up-to-date nutritional information.

The Nutrition Peer Educators are all volunteer members of FHA-HERO who choose to participate in this special project to promote nutrition. These individuals attend a concentrated two-day workshop where specialists in nutrition, education, and public relations prepare the Nutrition Peer Educators to present programs in nutrition. Programs are developed for presentation at the elementary and secondary levels as well as at community functions and service clubs. Each Peer Educator is responsible for presenting a minimum of three programs during the school year.

During the 1981-82 school year, there were 23 State Peer Educators. They gave 156 presentations reaching approximately 15,127 people of all ages, excluding media coverage such as newspaper articles, radio and television interviews, and public service announcements.

The Council-sponsored training session for the 1982-83 Peer Educators was held on October 15 and 16, 1982, at the State House Inn in Springfield. Twenty-nine high school girls and their advisors attended the two-day session. Speakers and topics for the training session were as follows:

"Adventures in Sports Nutrition" and "A Little About Anorexia Nervosa" - Beila Kunis, R.D., Nutrition Counselors, Incorporated, Chicago

"Rating the Weight Loss Diets" - Dr. Jeannette Endres, R.D., Southern Illinois University, Carbondale

"Nutrition Education Techniques for Senior Citizens" - Rosemary Gibbons, R.D., Project Director, Golden Circle Nutrition Program, Effingham

"Peer Educators Sharing Ideas" - Janet Ringhouse and Anita Pherigo, Easton High School; Gina Schneider and Dena Tindall, Civic Memorial High School, Bethalto; Stephanie Ward and Lisa Olson, Sycamore High School; and Natalie Schleder, Chenoa High School

"Beyond Peanut Butter and Jelly" - Jeanette Heinisch, Nutrition Education Consultant, Northern Illinois Nutrition Education Project, DeKalb

"You Ask and We Ask" - Genevieve Anthony, R.D., Department of Public Health, Springfield

For a list of the 1982-83 FHA-HERO Nutrition Peer Educators and their advisors, see the Appendix.

Nutrition Month

The Council sponsored several projects during March in observance of Nutrition Month. The poster contest regional winners' posters were on display throughout the month in various locations in the State Capitol and Stratton Office Buildings in Springfield.

Also in observance of Nutrition Month, the Council invited the top five Nutrition Peer Educators from the 1981-82 State team to set up displays in the Rotunda of the State Capitol Building in Springfield. The five Nutrition Peer Educators and their advisors were:

Elaine Godwin, Stillman Valley High School
Kris Ullrich, Advisor

Maria Strack, Sycamore High School
Marian Baker, Advisor

Natalie Schleder, Chenoa High School
Mildred Erdman, Advisor

Gina Schneider and Lori Stephenson
Civic Memorial High School, Bethalto
Amy Paschedag, Advisor

Each group set up a different display on various nutrition topics and distributed Council brochures and posters. While in the Capitol Building, legislators from each of the Peer Educator's district were invited to view the display and meet the Nutrition Peer Educators.

Also during March, public service announcements were sent to television and radio stations around the State. (For details, see the Public Service Announcements section.)

On March 31, 1982, ISCON co-sponsored a nutrition symposium with the Chicago Nutrition Association, Illinois State Medical Society, and Chicago Section of the Institute of Food Technologists. The symposium, "Current Issues Facing Food, Nutrition and Health Professionals," was held at the Ramada Inn-O'Hare in Des Plaines, Illinois.

Internship Program

A graduate assistantship has been developed by the Council through state colleges and universities. Students selected as interns work in the Council office under the guidance of the Executive Director. It was decided that this type of internship program would be advantageous to both the students involved and the Council and would include the following objectives:

- Review and evaluate current nutritional information and programs available to the public via magazines, newspapers, and other media.

- Interpret food and nutrition legislation for professionals and consumers.

- Select, plan, prepare, and evaluate teaching materials to disseminate nutrition and diet information to professionals and non-professionals.

- Perform office operations necessary to prepare for hearings, conferences, committee meetings, and council meetings.

During 1982, the Council had three students participate in the internship program:

- Debbie Pierson, a student at the University of Illinois working toward a master's degree in Community Health Education with an undergraduate degree in Dietetics. During her internship, she assisted the Child and Adolescent Task Force in developing and conducting a survey of health education teachers in the schools of Illinois. The purpose of the 19-question survey was to determine at what grade levels health is taught, how much class time is spent on nutrition, and what nutrition topics are covered.

- Michael Bingham, a graduate student in Community Nutrition at Southern Illinois University, Carbondale. During his internship, he prepared and manned the Council booth at the Illinois State Fair and researched and answered many unusual requests for nutrition information received in the Council office.

- Susan Rowell, a student in Consumer Education at Western Illinois University, Macomb. The major project of her internship was to determine if nutritious meals could be planned at low cost. She actually lived on a $70 a month food budget during the month of June. Since $70 is the maximum food stamp allotment for one person (USDA Food and Nutrition Service), that was the amount chosen. From this experience, she prepared a 229-page report which includes daily menus planned around correct amounts and servings of the Basic Four Food Groups, weekly shopping lists with costs, RDA analyzations, recipes, and money saving tips for planning, shopping, and preparing low cost meals.

In addition to these specific projects, each intern researched information and devised ideas for newspaper articles and assisted staff in necessary office operations.

Conferences

During 1982, the Illinois State Council on Nutrition sponsored four conferences.

Current Issues Facing the Food, Nutrition and Health Professional - On March 31, 1982, a one-day nutrition symposium was held at the Ramada Inn-O'Hare in Des Plaines. The symposium was designed to encourage communication between professionals involved in the fields of nutrition, food science, health, and medicine. Sponsoring organizations included the Council on Nutrition, Chicago Nutrition Association, Ill. State Medical Society, Chicago Section of the Institute of Food Technologists, and the Illinois Nutrition Committee. The symposium program was as follows:

THE FOOD SYSTEM: A CONTINUING CONCERN - Moderator: Elwood W. Speckmann, Ph.D., Director, Nutrition Research, National Dairy Council, Rosemont, Illinois

"What People are Really Eating - Searching to understand eating habits" - Horace Schwerin, V.P., Market Planning, The Campbell Soup Company, Camden, New Jersey

"Nutrition and Public Policy: Change, Consequence and Challenge - How is government policy affecting food and nutrition programs?" - Grace L. Ostenso, Ph.D., Science Consultant, Committee on Science & Technology, U.S. House of Representatives, Washington, D. C.

"The Energy Factor in the Food Delivery System - How are energy costs affecting the food supply?" - Otto Doering, Ph.D., Department of Agricultural Economics, Purdue University, Lafayette, Indiana

Keynote Address, "Critical Interface: Agriculture, Nutritional Status and Health" - Sylvan Wittwer, Ph.D., Director, Michigan Agriculture Experimental Station, Michigan State University, East Lansing, Michigan

THE NUTRITION AND HEALTH SYSTEM: A GROWING CONCERN - Moderator: Fred Z. White, M.D., President, Illinois State Medical Society, Chicago, Illinois

"Nutrition 'Ripoffs': Professional Responsibility - What do we do about nutritional fads, health cults and dietary supplements?" - Stephen Barrett, M.D., Chairman, Lehigh Valley Committee Against Health Fraud, Inc., Allentown, Pennsylvania, and author of Health Robbers, The Comprehensive Expose on Quackery

"Nutrition and the Changing Food Supply - Are we getting the nutrients we need from fabricated and processed foods?" - Allan Forbes, M.D., Associate Director, Nutrition and Food Science, Bureau of Foods, Food & Drug Administration, Washington, D. C.

"Point-Counterpoint: Nutrition - The Key to Optimal Health? - Two eminent scientists discuss their views on diet and health" - James Schoenberger, M.D., Past-President, American Heart Association, Rush Medical School, Chicago, Illinois, and C. Wayne Callaway, M.D., Director, Lipid Clinic, Mayo Clinic, Rochester, Minnesota

Anniversary Luncheon - On April 7, 1982, the Council sponsored a luncheon meeting at the Americana Congress Hotel in Chicago. The luncheon was arranged so that prominent individuals in the state who have an interest in nutrition could meet the Council members, become informed of Council activities, and discuss various nutrition issues of the 80's. Representatives from state and federal government agencies, industry, media, state organizations, colleges and universities, and the Illinois General Assembly attended the luncheon. The keynote speaker was David Kritchevsky, Ph.D., Associate Director of the Wistar Institute in Philadelphia, Pennsylvania.

Maternal Nutrition Conference - On May 13, 1982, the Council on Nutrition along with the Allied Agencies Center (Peoria), the Illinois Association for Maternal and Child Health, the Illinois Department of Public Health's Division of Health Promotion and Screening, and the Central Illinois Dietetic Association sponsored a one-day conference focusing on issues and research in maternal nutrition. The conference was held at the Allied Agencies Center in Peoria.

The objectives of the conference were for the participants to be able to:

- Recognize federal health programs that affect the health of mothers and children, their responsibilities, and the implications of current trends and federal actions.

- Identify the nutritional needs of the American woman during pregnancy and lactation.

- Apply factors that influence current energy recommendations in pregnancy to the assessment of gestational weight gain in the normal, obese, and underweight woman.

- Identify a cluster of maternal nutritional cost benefit risks that impact on the fetus and neonate.

- Identify nutritional problems on which to base care plan; identify necessary steps in different methods of assessment; and merits and limitations of each; identify procedures to analyze and interpret results of assessment to client and health care team.

- Apply current information and strategies to nutritional assessment, meal patterning, and monitoring of the prenatal diabetic woman.

- Apply current research and information on stimulant and depressive substance use to the care of the pregnant woman.

Conference topics and speakers included:

"History and Future Directions of Maternal Nutrition Programs" - Mariel Caldwell, M.S., M.P.H., R.D., Regional Nutrition Consultant, U. S. Department of Health & Human Services, Region V

"Update: Current Energy Recommendations in Pregnancy" - William McGanity, M.D., Professor and Chairman, Department of Obstetrics and Gynecology, University of Texas

"Prenatal Dietary Evaluation in the Assessment of Nutritional Status" - Ruth Brennan, Sc.D., R.D., School of Medicine, Washington University, St. Louis, Missouri

"Diabetic Management in Pregnancy" - Jackie King, M.S., R.D., Northwestern Memorial Hospital, Diabetes in Pregnancy Center

"Stimulant and Depressive Substance Abuse, Their Effect on the Mother and Fetus in Pregnancy" - Kofi S. Amankwah, M.D., Chief, Division of Maternal/Fetal Medicine, Department of Obstetrics and Gynecology, Southern Illinois University School of Medicine

Current Issues: Adolescent Nutrition - On June 15, 1982, the Council on Nutrition and the Illinois Department of Public Health in cooperation with the Southern Illinois University School of Medicine in Springfield co-sponsored a seminar to provide updated information on selected concerns during adolescence. The one-day conference was held at the Springfield Hilton. Upon completion of the seminar, the objectives were for the participant to be able to:

- Determine the proper dietary regimen for adolescent athletes.

- Describe the multifactorial etiology of obesity.

- Identify appropriate treatment methods for adolescent obesity.

- Contrast treatment principles of obesity and anorexia nervosa.

- Differentiate the characteristics of anorexia nervosa and bulimia.

- Be provided a description of a nutrition program for pregnant adolescents.

The program for the seminar was as follows:

"Welcome and Introduction" - Shirley Reed, M.S.P.H., Associate Director, Illinois Department of Public Health; Virginia Hill, Executive Director, Illinois State Council on Nutrition; and Sandy Eardley, M.S., R.D., Nutrition Instructor, Southern Illinois University School of Medicine, Springfield

"Nutrition and the Athlete" - Bob Reber, Ph.D., Extension Specialist in Nutrition, University of Illinois Cooperative Extension Service, Urbana

"Obesity--Etiology and Treatment Principles" - Joseph Garfunkel, M.D., Professor of Pediatrics, Southern Illinois University School of Medicine, Springfield

"Anorexia Nervosa--A Psychiatric Perspective" - Helen Conran, M.D., Child Psychiatrist, Clinical Assistant Professor, Division of Child Psychiatry, Southern Illinois University School of Medicine, Springfield

"Nutrition Program for Pregnant Adolescents--St. Paul Maternal and Infant Care Project" - Irene Alton, M.S., R.D., Chief Nutritionist, St. Paul Maternal and Infant Care Project, St. Paul-Ramsey Medical Center, St. Paul, Minnesota

"Current Adolescent Health Programs in Illinois" - Bernard J. Turnock, M.D., M.P.H., Chief, Division of Family Health, Illinois Department of Public Health, Springfield

"Adolescent Pregnancy Hearings, 1981--Summary" - Virginia Hill, Executive Director, Illinois State Council on Nutrition, Springfield

Illinois Bell Article

In the July, 1982, issue of Illinois Bell's Telebriefs newsletter, the following article entitled "To Your Health" appeared:

Remember when eating an apple a day was all we had to do to keep the doctor away? Now hardly a day goes by without coming across an article warning about food additives or a book touting the benefits of a new diet.

Sorting the facts from the fads of nutrition is important since a poorly selected diet and exercise program can lead to more serious concerns of obesity, diabetes or heart disease. While individual nutritional needs make exact

dietary guidelines impossible, getting acquainted with nutrition basics is an integral part of any fitness program.

You can receive information and brochures on this subject from the Illinois State Council on Nutrition at (217) 785-8664. Or write the council at 524 S. 2nd Street, Springfield, IL 62706.

As a result of this article, the Council received 2,492 individual requests and sent out 15,086 pieces of information including brochures and posters.

Council Hearings on Nutrition Education in Illinois

The Illinois State Council on Nutrition held five public hearings during 1982 to determine the status of nutrition education in Illinois. The purpose of the hearings was to determine not only the extent of nutrition education in the formalized school setting, but to also determine where and from whom adults get nutrition information.

Each person testifying was asked to answer the following questions:

1. Who is your primary audience, and how many people are reached by your nutrition education program?

2. What do you consider the biggest nutrition problem facing your primary audience?

3. Do the people involved in your nutrition education program perceive nutrition as important to them?

4. What training do you have in nutrition or a nutrition related field? (For example, academic course(s), workshops, self-taught, etc.)

5. What teaching methods do you use? Which are most effective? What type of materials do you use?

6. What current sources of nutrition information are most useful to you in updating your nutrition knowledge?

7. What information would be useful to you to improve your nutrition education efforts?

8. What new directions do you think are needed in nutrition education?

9. Do you know where else in your area nutrition is being taught? If so, by whom?

10. Who do you believe should be responsible for nutrition education?

Dates and locations for the hearings were as follows:

- On October 13, 1982, in DeKalb in cooperation with the Department of Home Economics at Northern Illinois University

- On October 20, 1982, in Macomb in cooperation with the Home Economics Department at Western Illinois University

- On November 9, 1982, in Belleville in cooperation with the St. Clair County Regional Superintendent's Office

- On November 17, 1982, in Charleston in cooperation with the School of Home Economics at Eastern Illinois University

- On November 23, 1982, in Urbana in cooperation with the Division of Nutritional Sciences and the Department of Foods and Nutrition at the University of Illinois

During the series of five hearings, 96 people testified and 236 attended. In addition, 45 written testimonies, representing 54 individuals, were submitted to the Council office.

Testifying were people representing various groups such as hospitals, health education teachers, elementary and junior high teachers, principals, Cooperative Extension Service advisers, directors of elderly nutrition sites, home economics teachers, industry representatives, university professors, NET coordinators, food service directors, diet center consultants, graduate students, health department representatives, nurses, Dairy Council Home Economists, grade and high school students, FHA-HERO Nutrition Peer Educators, registered dietitians, WIC directors, Expanded Food and Nutrition Education Program (EFNEP) representatives, health food store owners, state organization representatives, and interested individuals.

In addition to gathering information about nutrition programs, the hearings also provided an opportunity for those involved in nutrition education to exchange ideas which could be used to improve their own nutrition education programs.

The complete report on the hearings is being printed under separate cover. A digest of the report is included in the Appendix.

Participation in Other Hearings

In addition to sponsoring hearings on nutrition education, the Council provided testimony for hearings held by the Illinois State Board of Education on Instructional Program Mandates held in Belleville on October 27, 1982. Representing the Council, the Executive Director provided testimony relating to the "Critical Health Problems and Comprehensive Health Education Act."

The "Critical Health Problems and Comprehensive Health Education Act" was signed into law on August 31, 1971. Its mandate stated that the program "shall include, but not be limited to, the following major educational areas as a basis for curricula in all elementary and secondary schools in this State: human ecology and health, human growth and development, prevention and control of disease, public and environmental health, consumer health, safety education and disaster survival, mental health and illness, personal health habits, alcohol, drug use and abuse, tobacco, nutrition and dental health."

As stated above, nutrition is one of those thirteen areas. In fact, this is the only mandate in the School Code of Illinois that specifically mentions nutrition. For this reason, the Council stated opposition to any change in the mandate concerning health education which would weaken the nutrition component. All indications the Council has received from its hearings suggested a need for health education with a stronger nutrition component.

A copy of the testimony submitted by the Council to the Illinois State Board of Education can be found in the Appendix.

Interaction With State Agencies and Organizations

In addition to the information services previously enumerated, many state agencies and organizations utilized the information and expertise of the Council in developing programs or policies that deal with nutrition. The Council was also called upon on numerous occasions to provide assistance with informational brochures and/or presentations for various conferences, workshops, and nutrition fairs around the state. The Executive Director of the Council is also a member of many state advisory groups or organizations which have nutrition components.

These agencies and organizations are listed below to demonstrate the network and extent of communication:

Illinois State Department of Public Health
- Perinatal Advisory Committee
- Nutrition Services Advisory Committee

Illinois State Board of Education, Nutrition Education and Training (NET) Advisory Committee
Illinois State Department on Aging
Illinois State Department of Mental Health and Developmental Disabilities
Illinois State Department of Children and Family Services
Illinois State Department of Public Aid
Illinois State Department of Rehabilitation Services
Governor's Council on Health and Fitness
Illinois State Library
University of Illinois, Nutrition Advisory Committee
Western Illinois University, Home Economics Advisory Committee
University of Illinois, Cooperative Extension Service
State Colleges and Universities
Illinois Nutrition Committee
Institute of Food Technologists
Chicago Nutrition Association
American Heart Association, Illinois Affiliate Nutrition Committee
Society for Nutrition Education, Legislative Committee
Illinois Association of Nutrition Project Directors
Illinois Home Economics Association
Illinois Vocational Home Economics Teachers Association
Future Homemakers of America/Home Economics Related Occupations
Illinois Congress of Parents and Teachers
Illinois Dietetic Association
Dairy Nutrition Council (formerly Milk Foundation)
Illinois Association for Maternal and Child Health
American Public Health Association, Food and Nutrition Committee

WORKING COMMITTEES

The Illinois State Council on Nutrition is divided into several working groups. Some are permanent task forces and others are temporary committees appointed to complete a specific project. The Executive Director is an ex officio member of all task forces and committees.

During 1982 the permanent task forces were restructured to more effectively deal with current nutritional concerns. The permanent task forces are: Maternal and Infant; Child and Adolescent; Adult, Private Sector and Industry; and Elderly and Low Income. Following is a list of these groups, their purposes, and a brief description of their major activities for the year.

Maternal and Infant Task Force

This permanent task force shall consist of those ISCON members and advisory and associate members who are directly involved in areas of concern relating to pregnancy and care of infants.

They are responsible for that part of the law directly relating to the following:

-- the coordination of feeding programs for pre-school, school-age children, the elderly, pregnant women and others on local, state and federal levels to ensure that the Middle Income Criteria or the Medium Cost Diet of the United States Department of Agriculture, based on the current recommended dietary allowances of the National Research Council's Food and Nutrition Board, or similar criteria, are met in all feeding programs;

-- the compilation of existing data on the nutritional status of Illinois citizens, and continuous surveillance of Illinois citizens, with emphasis on those in rural and inner city areas;

-- the discovery of nutritional deficiencies which cause retardation and underdevelopment and the strengths and weaknesses of present feeding programs;

-- the full and appropriate utilization of all federal food programs and funds available from the United States Department of Agriculture throughout the state;

-- to make available programs for the education of expectant mothers and new mothers in the proper pre- and post-natal care of infants to lessen nutritional deficiencies and decrease the chances of developmental disabilities in each child in the State of Illinois.

Members of this task force are:

Sandy Eardley
Jan Endres
Joan Gaffney
Jay Hodin
Patsy Jensen
William Kempiners
Alfred Klinger
Dorice Narins, Chairperson
Jim Nelson
Betty Taif
Thomas Villiger
Jeanne Wurtzinger

During 1982, the Maternal and Infant Task Force:

- Developed recommendations based on the findings of the Council's Hearings on Nutrition and Teenage Pregnancy which were held in September of 1981. The recommendations were as follows:

  "A review of the findings of the three days of hearings revealed the need of short- and long-term recommendations to develop a continuum of programs ranging from those to improve the nutritional status of the teenager in the late or middle stages of pregnancy to the promotion, development, and maintenance of nutrition education in all schools to improve the general nutritional status of teens and pre-teens. To meet the range of needs from immediate to future, strong legislation should be developed to support this continuum of programs. Primary health care providers will be targeted for nutrition education. Pilot projects should be developed using funds from private and public sources. Surveillance of the school-age population should be continued to obtain baseline data on non-pregnant teenagers."

- Provided input for the formulation of House Resolution 1338 which "petitions Congress to reconsider the open-ended language approved in legislation dealing with the nutritional standards of the federally-funded Women, Infants and Children food program, and to restore strict limits on the sugar content of foods authorized under this program, and further urges the U.S. Department of Agriculture to leave unchanged the sugar content nutritional standards now in effect in the Women, Infants and Children program."

The resolution was drafted during 1982 and was adopted by the House of Representatives on January 10, 1983. A copy of HR-1338 is included in the Appendix.

- Revised the Nutrition and Pregnancy brochure. Plans are to print and distribute the revised brochure during early 1983.

Child and Adolescent Task Force

This permanent task force shall consist of those ISCON members and advisory and associate members who are directly involved in areas of concern relating to children and adolescents.

They are responsible for that part of the law directly relating to the following:

-- the introduction and development of nutritional information, subjects and programs into the curricula of primary and secondary schools and make them available to the private sector;

-- the coordination of feeding programs for pre-school, school-age children, the elderly, pregnant women and others on local, state and federal levels to ensure that the Middle Income Criteria or the Medium Cost Diet of the United States Department of Agriculture, based on the current recommended dietary allowances of the National Research Council's Food and Nutrition Board, or similar criteria, are met in all feeding programs;

-- the compilation of existing data on the nutritional status of Illinois citizens, and continuous surveillance of Illinois citizens, with emphasis on those in rural and inner city areas;

-- the education of teachers for the teaching of nutrition and the presentation of necessary information to school pupils on proper eating habits;

-- the full and appropriate utilization of all federal food programs and funds available from the United States Department of Agriculture throughout the state.

Members of this task force are:

Marian Baker
Martha Brown
Maureen Conley
Carol Fox
Linda Gates
Dorice Narins
Robert Ohlzen
Thomas O'Rourke, Chairperson
Robert Reber
Rep. Jim Reilly
Lyndon Wharton

During 1982, the Child and Adolescent Task Force:

- Developed and conducted a 19-question survey to determine the status of nutrition in the health education classes of Illinois schools. A report on the findings of the Health Education Survey is included in the Appendix. Currently, the task force is in the process of developing recommendations based on the findings of the survey.

- Provided assistance for the Council's Hearings on Nutrition Education in Illinois by developing objectives, devising questions to be asked and discussed at the hearings, and obtaining names of persons to testify.

- Provided input for the formulation of House Resolution 1336 and House Resolution 1337. The first resolution, HR-1336, "recognizes the need for and support of the concept of a nutrition surveillance system in an appropriate state department and resolves that the General Assembly should move forward to establish such a system." The second resolution, HR-1337, "supports the retention of language in the present School Code mandating a comprehensive health education program for all students and opposes any changes that weaken this mandate."

  Both resolutions were drafted during 1982 and adopted by the House of Representatives on January 10, 1983. Copies of HR-1336 and HR-1337 are included in the Appendix.

- Made plans for a nutrition education testing project in cooperation with the Dairy Nutrition Council. Fourth grade students from Lombard and Springfield school districts will be participating in the project. For students, the project will include a nutrition achievement test, a nutrition behavior inventory, and a game which assesses eating patterns. Teachers will also be given a questionnaire to determine how much time is spent on nutrition and what topics are covered. Plans are to conduct the testing in the spring of 1983.

Adult, Private Sector and Industry Task Force

This permanent task force shall consist of those ISCON members and advisory and associate members who are directly involved in areas of concern relating to adults, the private sector and industry.

They are responsible for that part of the law directly relating to the following:

-- the compilation of existing data on the nutritional status of Illinois citizens, and continuous surveillance of Illinois citizens, with emphasis on those in rural and inner city areas;

-- the full and appropriate utilization of all federal food programs and funds available from the United States Department of Agriculture throughout the state.

Members of this task force are:

Jane Armstrong
Sister Ritamary Brown, Chairperson
Susan Funkhouser
H. David Hurt
Alfred Klinger
Beila Simon Kunis
John Milner
John Noak
Sue Palmore
Berna Pollak
Oscar Rasmussen

During 1982, the Adult, Private Sector and Industry task force:

- Developed a brochure entitled, "Rating the Diets," which contains information about sixteen popular weight-loss diets which were computer analyzed, compares them to the Recommended Dietary Allowances (RDA), and lists ideas to consider when dieting and various statistics about overweight and dieting. The brochure will be printed and distributed in 1983.

- Drafted and sent a letter to the presidents of the top 100 industries in the State of Illinois to promote nutrition programs. The content of the letter served to introduce them to the work of the Council, stressed the vital role of nutrition in the wellness movement, and identified the Council as a nutrition resource to be used in their industries' particular wellness programs.

- Coordinated and expanded the Council's Speakers Bureau. Council and associate members were asked to forward specific details relative to their speaking requirements to have on file in the Council office for referral.

- Suggested making contact with the Illinois Hotel and Motel Association and the Illinois Restaurant Association in order to promote nutrition within the restaurant business in Illinois.

Elderly and Low Income Task Force

This permanent task force shall consist of those ISCON members and advisory and associate members who are directly involved in areas of concern relating to elderly and low income.

They are responsible for that part of the law directly relating to the following:

-- the coordination of feeding programs for pre-school, school-age children, the elderly, pregnant women and others on local, state and federal levels to ensure that the Middle Income Criteria or the Medium Cost Diet of the United States Department of Agriculture, based on the current recommended dietary allowances of the National Research Council's Food and Nutrition Board, or similar criteria, are met in all feeding programs;

-- the compilation of existing data on the nutritional status of Illinois citizens, and continuous surveillance of Illinois citizens, with emphasis on those in rural and inner city areas;

-- the full and appropriate utilization of all federal food programs and funds available from the United States Department of Agriculture throughout the state.

Members of the Elderly and Low Income Task Force are:

Genevieve Anthony
Arthur Blair
Margaret Cowden
Rosie Gibbons
Ross Hackler
Dick Klage, Chairperson
Berna Pollak
Germaine Rondoni
Jan Rodes
Michael Strader
Patricia Strutz

During 1982, the Elderly and Low Income Task Force:

- Developed a 33-question survey to determine the eating habits and meal patterns of some of the elderly in Illinois. With the cooperation of the Nutrition Project Directors, the survey was conducted through the elderly Congregate Nutrition Sites in the state. A summary and report were prepared based on the tabulated results of the survey. The complete report on the 1982 Elderly Survey is included in the Appendix.

- Studied and reviewed the report prepared by Susan Rowell, ISCON intern from Western Illinois University, on low cost, nutritious meals in order to pinpoint information to be utilized for a project or informational brochure.

APPENDIX

REPORTS - SURVEYS - PROJECTS

OF THE

ILLINOIS STATE COUNCIL ON NUTRITION

This section contains reports, surveys, and projects previously referred to in the report. Some of these were the result of efforts of the entire Council and some of a specific task force or committee.

NEWSPAPER ARTICLES PUBLISHED IN 1982

January 8	Beans - A Good Food
January 22	Protein - A Key Nutrient
February 5	Out of the Mouths of Caves
February 19	March is Illinois Nutrition Month
March 5	The Vitamin B Story
March 19	Vitamins You Store
April 16	Iron Poor, Tired Blood
April 30	Who Should You Believe?
May 14	It's the Berries
May 28	Bathing Suit Blues
June 11	It's Enough To Drive You Bananas
June 25	What To Ask Yourself Before Dieting
July 9	What Do You Do, Doctor?
July 23	The Problem of Teenage Pregnancy
August 6	The Glories of the Idaho
August 20	A Trace of Evidence
September 3	Try Some Veggies
September 17	School Lunches
October 1	Is There Life After Jogging?
October 15	Who Says Love Has To Be A Sweet?
October 29	Nutrition Knows No Age
November 12	Salt Talks
November 24	Nutritious Gift Giving
December 10	How To Cope With The Holiday Season
December 23	Fiber

PUBLIC SERVICE ANNOUNCEMENTS

Suggested Scripts For Radio

Here's a message from the Illinois State Council on Nutrition. The best way to keep trim is to change your eating habits. Remember, what goes through the lips sits on the hips!
(10 seconds)

Hey, Teens, is your body fat and overweight? Do you sit at home without a date? Eat a balanced diet and exercise, then you'll attract the gals and guys. This is a message from the Illinois State Council on Nutrition.
(10 seconds)

The Illinois State Council on Nutrition says your body is like an engine. You must fuel up with food to keep it going. Every morning start your engine running right. Fuel up with breakfast. Remember, the key to a fast ignition is a diet full of good nutrition.
(15 seconds)

Trying to lose weight? Here's how the Illinois State Council on Nutrition suggests you do it. Exercise more and eat the Basic Four. Watch the amounts of food you take, to look your best and feel as great.
(10 seconds)

Do you use excessive amounts of vitamins, capsules, and elixers? More is not better. Excessive amounts of some vitamins may even be harmful. Check it out. That's information from the Illinois State Council on Nutrition.
(10 seconds)

Need to lose weight? Work on habits not diets. Drink more water, eat slower, eat less, walk more. Diets help you lose weight. Habits keep it off. That's information from the Illinois State Council on Nutrition.
(15 seconds)

"An apple a day keeps the doctor away." So do vegetables, whole grain products, and other fresh fruits high in fiber. Information from the Illinois State Council on Nutrition.
(10 seconds)

Healthy babies must have healthy mothers. If you're pregnant, eat a balanced diet, don't try to lose weight, and, of course, see your doctor. Information from the Illinois State Council on Nutrition.
(10 seconds)

Script of Tape for Television and Radio

(Sung to "Notre Dame Fight Song")

Score, score for the old Basic Four,
Bring on the protein and whole grain flour.
Send the junk food out the door,
Don't let them tempt you anymore.
Veggies, fruit, meat, milk and bread,
They're the best foods for you instead.
They will keep you slim and trim,
So stick to the Basic Four!

PILOT TESTING OF THE NUTRITION COMPONENT OF THE ILLINOIS NEW INITIATIVES SURVEY

Representatives from state universities and others working with the public and the consumer have formed a group entitled the Illinois New Initiatives Task Force. In order to assess needs for new initiatives in Home Economics research, this task force developed a survey questionnaire to be administered across the state to families with children. Part of the questionnaire deals with nutrition and related issues. In order to pilot test the nutrition component, a three-page questionnaire was distributed at the Council on Nutrition booth at the 1982 Illinois State Fair to adults willing to complete it. Fifty people participated in the survey.

The typical participant was a white (92%) female (74%) and about half the respondents were married (48%). The basic family makeup was one of adults and children between the ages of 1-18 years (72%). Many feel that they have to worry about the eating habits of adult females (46%), children 1-12 years (32%) and teenage boys (32%).

The majority of meals are prepared by adult females in the household (74%). The survey results indicate that most families still eat together (62%). When eating out, the most frequent food establishments visited are restaurants (54%), then fast food (52%) and cafeteria (42%).

Most of the participants felt that fast foods are high in sodium (64%), and low in calcium, vitamins C and A, and have no nutritional value (47%). They also felt that their families need to cut down on sodium (74%), calories (84%), and sugar (57%). Furthermore, many felt that adult females in their households need to lose weight (54%).

Factors most influential upon what the household eats included health concerns (68%), food likes and dislikes (62%), money (48%), and time and convenience (47%). Television had little influence on food choices according to 72% of the participants. Overall, the most important issue in determining meals was health concerns (68%).

Main sources of nutritional information included newspapers and magazines (see Table #1).

The majority of participants have a high interest in serving low cost nutritious meals and in nutrition for adult years 18-50 (see Table #2).

Many of the participants had little formal education in nutrition, but those who did have the education found it useful (see Table #3). Moreover, most felt that nutrition courses should be taught as formal subjects in Junior High and High School.

TABLE #1 - Frequency of Use as Sources of Information on Foods & Nutrition

	3	2	1
Radio and TV	20%	42%	39%
Newspaper, Magazine	34%	46%	21%
Books	32%	45%	24%
Government Materials	6%	28%	66%
Labels	43%	46%	11%
Friend or Relative	11%	57%	31%
Information in Stores	13%	34%	53%
Doctor	37%	31%	37%
Dietitian	34%	9%	57%

3-frequently
2-sometimes
1-rarely or never

TABLE #2 - Degree of Interest in Having More Information

	3	2	1
Low Cost Nutritious Meals	59%	15%	39%
Nutrition During Pregnancy	34%	16%	50%
Nutrition for Children	46%	20%	34%
Nutrition for Teenagers	33%	20%	46%
Nutrition for Middle Years	58%	23%	20%
Nutrition for Later Years	33%	31%	36%

3-high interest
2-useful
1-little or no interest

TABLE #3 - Sources and Usefulness of Nutrition Education

	3	2	1	0
Grade School	26%	70%	13%	28%
High School	39%	48%	12%	22%
College	67%	20%	13%	42%
Youth Group	21%	64%	14%	40%
Adult Group	79%	21%	0%	42%

3-very useful
2-useful
1-not useful
0-did not have

ILLINOIS FHA-HERO ENCOUNTER
NUTRITION PEER EDUCATION TEAM
1982-83

Adult Chairperson: Marian Baker
Sycamore High School
Sycamore, IL 60178

Peer Educator	School	Advisor
Amy Nauheimer	Lyons Township High School LaGrange, IL 60525	Colleen Reader
Lisa Richardson	A. A. Stagg High School Palos Hills, IL 60464	Nancy Lyman
Elaine Godwin	Stillman Valley High School Stillman Valley, IL 61084	Kris Ullrich
Lisa Olson	Sycamore High School Sycamore, IL 60178	Marian Baker
Stephanie Ward	Sycamore High School Sycamore, IL 60178	Marian Baker
Michele Hepner	Kewanee High School Kewanee, IL 61443	Shirley Shafer
Wendy Edwards	Alexis High School Alexis, IL 61412	Shirley Campbell
Taunya Montgomery	Pekin Area Vocational Center c/o Pekin High School Pekin, IL 61554	Rozanna Rayburn
Janet Ringhouse	Easton High School Easton, IL 62633	Betty Phelps
Anita Pherigo	Easton High School Easton, IL 62633	Betty Phelps
Marlo Mohler	Auburn High School Auburn, IL 62615	Carol Roberts
Kathy Kelly	Auburn High School Auburn, IL 62615	Carol Roberts
Natalie Schleder	Chenoa High School Chenoa, IL 61726	Mildred Erdman
Lisa Ballenger	Chenoa High School Chenoa, IL 61726	Mildred Erdman

Peer Educator	School	Advisor
Angie Hill	Jamaica High School Sidell, IL 61876	Nancy Hodge
Lori Gustafson	Monticello High School Monticello, IL 61856	Ann Baughman
Amy Barding	Warrensburg-Latham High School Warrensburg, IL 62573	Eleanor Kemmerer
Kim Kerr	Warrensburg-Latham High School Warrensburg, IL 62573	Eleanor Kemmerer
Diane Tipton	Windsor High School Windsor, IL 61957	Pat Lenz
Andrea Bollinger	Stonington High School Stonington, IL 62567	Becky Baxa
Julie Walton	Stonington High School Stonington, IL 62567	Becky Baxa
Pam Wood	Assumption High School Assumption, IL 62510	Orlah King
Lisa Sims	Assumption High School Assumption, IL 62510	Orlah King
Tracey Shannon	Hillsboro High School Hillsboro, IL 62049	Mary Jane Wisdom
Michelle Reed	Southwestern High School Piasa, IL 62079	Alice Kulenkamp
Gina Schneider	Civic Memorial High School Bethalto, IL 62010	Amy Paschedag
Dena Tindall	Civic Memorial High School Bethalto, IL 62010	Amy Paschedag
Niki Perry	Marissa High School Marissa, IL 62257	Veneta Kerkhover
Barbara Outten	Sparta High School Sparta, IL 62286	Patti Henderson

NUTRITION EDUCATION IN ILLINOIS

A Digest of the Report on Legislative Hearings Held by the Illinois State Council on Nutrition

In the first decade of this century, undernutrition, pellagra (Niacin deficiency), rickets (vitamin D deficiency), and other less prevalent deficiencies were the focus of public health interest in nutrition. When severe deficiency diseases disappeared, interest in nutrition waned. However, in the past two decades, as the role of nutrition as a risk factor in diseases such as cancer, diabetes, and heart disease has become better defined, nutrition, nutrition knowledge, and the need for individuals well educated in nutrition have once again become public health issues of general interest.

Public reaction is manifested by insatiable interest in books and other sources of information, and this interest has been communicated to federal and state agencies. The public is attempting to understand the complexities of nutrition and make decisions based on this to promote their own health. Nutrition scientists, nutrition educators, dietitians, and health educators must deliver a clear evaluation of alternatives based on the scientific data available at the present time and guide the public to make the best personal choice and behavior.

Nutrition education to meet the needs of the citizens of the State of Illinois is of paramount interest to the Illinois State Council on Nutrition. Nutrition is being taught, but where, how much, and by whom were questions for which answers were incomplete. To obtain information to answer these questions, five hearings were held as follows:

October 13, 1982	Northern Illinois University DeKalb, Illinois
October 20, 1982	Western Illinois University Macomb, Illinois
November 9, 1982	St. Clair County Courthouse Belleville, Illinois
November 17, 1982	Eastern Illinois University Charleston, Illinois
November 23, 1982	University of Illinois Urbana, Illinois

During the five hearings, 96 people testified, 28 at DeKalb, 15 at Macomb, 17 at Belleville, 21 at Charleston, and 15 at Urbana. Two hundred and thirty-six people attended the five hearings, and 45 persons or groups have submitted written testimony to the Council office.

Those submitting testimony were asked to respond to the following questions. Responses and recommendations are summarized as follows.

QUESTION 1. WHO IS YOUR PRIMARY AUDIENCE? HOW MANY PEOPLE ARE REACHED BY YOUR NUTRITION EDUCATION PROGRAM?

Response

All segments of the population were mentioned as the primary audience. The number of people reached was quite variable.

Recommendation

Target audiences ranged from preschool children to the elderly and from those with no scientific background to those with an extensive background. School children are an easily accessible group since the primary purpose of education is to teach them everything that is needed to make them fully rounded citizens. Knowledge of nutrition should be an integral part of this education and should be implemented at this stage. The end result of such action would be to ultimately make the total population aware of basic nutrition and capable of being updated at any time.

The total school population in Illinois for 1980 was 1,983,463. Region I which comprises Lake, Cook, DuPage, and Will Counties had 1,092,337 students or a little better than half the population. The City of Chicago had 458,497 or almost one quarter of the school population.

QUESTION 2. WHAT DO YOU CONSIDER THE BIGGEST NUTRITION PROBLEM FACING YOUR PRIMARY AUDIENCE?

Response

The biggest nutrition problems named are misinformation, negative influences, economics, life style, and teacher capabilities. Media and peer pressure were mentioned most frequently. Children were noted as particularly susceptible.

Recommendation

"Nutrition education must be a continuous process through the life cycle as new research brings additional knowledge." (Dow-Charleston)

Special areas of nutrition education that the Council should consider include: (1) Develop new ways to disseminate sound information on nutrition, (2) Develop ways to change negative influences into positive influences, and (3) Develop or encourage development of materials on how to be well nourished on a low income budget and/or with current life styles.

QUESTION 3. DO THE PEOPLE INVOLVED IN YOUR NUTRITION EDUCATION PROGRAM PERCEIVE NUTRITION AS IMPORTANT TO THEM?

Response

Many individuals recognize the importance of nutrition; others do not. Many adults, people with health problems, and pregnant or lactating women are aware of the importance of nutrition to health and actively seek advice or are amenable to nutrition education. Young children are unaware of the importance of many things including nutrition but are the most accessible and receptive group. Adolescents must frequently be "sold" on nutrition because they either don't care or don't see the relevance.

Recommendation

Using the ripple effect, the Council should continue to demonstrate to the public the immediate and long-term effects of good nutrition. Specifically, the Council should work with other governmental and private groups as well as participate in the nutrition education of the public via newspaper columns, brochures, and public service announcements.

QUESTION 4. WHAT TRAINING DO YOU HAVE IN NUTRITION OR A NUTRITION RELATED FIELD?

Response

The educational background of witnesses was quite variable and is listed in the complete report.

QUESTION 5. WHAT TEACHING METHODS DO YOU USE? WHICH ARE MOST EFFECTIVE? WHAT TYPES OF MATERIALS DO YOU USE?

Response

Every known teaching method was mentioned. For all ages, the most effective methods were understandable, applicable, and involved learner participation. Knowledgeable teachers with a positive attitude, i.e., "talented teachers," were the key to the success or failure of a nutrition education program. Materials used were either developed by individuals or were from a variety of governmental, university, or industry sources (directly or through supported organizations). The Council on Nutrition and the National Dairy Council were mentioned most frequently.

Recommendation

Through its Nutrition Newsletter, the Council should take a leadership role in spotlighting "talented teachers" and describing materials available. The Council should cooperate with federal, state, and local organizations to develop guidelines to evaluate and disseminate information on nutrition education materials. The Council should also take a leadership role in identifying need for additional materials and may either participate in the development and evaluation of these materials directly or work with governmental or private sectors in the development and evaluation of these materials.

QUESTION 6. WHAT CURRENT SOURCES OF NUTRITION INFORMATION ARE MOST USEFUL TO YOU IN UPDATING YOUR NUTRITION KNOWLEDGE?

Response

Sources mentioned included meetings, workshops, conferences, articles, and newsletters. Included in the listing are some not generally considered reputable. Absent were some of the newer professional journals and subscription newsletters.

Recommendation

Conferences sponsored by the Council have been well received. The tacit recommendation is that the Council continue and expand these efforts in cooperation with other groups. The Council should support the recommendation cited in the report of the General Accounting Office (GAO) to the Secretary of Agriculture regarding the development of in-service training for teachers needing help in achieving competency and work with other agencies and groups to provide teachers with the basic skills needed to teach nutrition.

Regarding written material, the Council should consider how the Newsletter could be used most effectively as a method of updating the nutrition knowledge of teachers. There is a need for an article on how to evaluate nutrition information sources.

QUESTION 7. WHAT INFORMATION WOULD BE USEFUL TO YOU TO IMPROVE YOUR NUTRITION EDUCATION EFFORTS?

Response

More good, cheap or free educational materials, and greater access to workshops, seminars, and meetings were mentioned as generally useful to improve nutrition education efforts. Also mentioned were the need to coordinate efforts and disseminate information on techniques and ideas which are successful.

Recommendation

The Council can coordinate nutrition education within the State of Illinois by acting as a liaison between various groups involved in nutrition education. Through its membership and contacts, the Council could publicize available materials to prevent duplication of effort and could possibly use the Newsletter or other means to identify and share information on nutrition education efforts. The complete report contains information on the nutrition services of the Northern Illinois Nutrition Education Project (NINEP), United States Department of Agriculture (USDA), Department of Health and Human Services (DHHS), and the Illinois State Council on Nutrition (ISCON).

QUESTION 8. WHAT NEW DIRECTIONS DO YOU THINK ARE NEEDED IN NUTRITION EDUCATION?

Response

Suggestions for new directions were quite variable, but all witnesses recognized the fact that nutrition education of the public is occurring in a variety of settings by a variety of people. Most frequently mentioned were suggestions regarding increased use of media and computers as educational tools and not limiting instruction to traditional sites by traditional teachers. Sound nutrition information should be promoted strongly, while at the same time combatting nutrition misinformation. Specific projects will be highlighted in the Council's Nutrition Newsletter.

Recommendation

The Council could write to publishers of popular magazines and professional journals outside of nutrition to ask what nutrition topics would be of greatest interest and could recruit nutritionists to write popular articles on the topics suggested by the magazine editors.

The Council should work with other agencies, universities, and industry to develop computer based nutrition education materials, TV material, and short courses. The Council should continue to sponsor or cosponsor nutrition symposia for school nurses, elementary and related high school teachers (health education and science teachers). To parallel the poster contest, the Council could sponsor an essay contest for high school students on "The Science of Nutrition."

The Council should pursue new directions to combat misinformation by working with other groups who have the same interests.

QUESTION 9. DO YOU KNOW WHERE ELSE IN YOUR AREA NUTRITION IS BEING TAUGHT? IF SO, BY WHOM?

Response

Information on where nutrition is taught within schools was generally more complete than information on where nutrition is taught to the public. Sources of nutrition information for the public included newspapers, clerks in nutrition stores, employees of fitness centers, nurses, chiropractors, food service personnel, home economists, and dietitians.

Recommendation

The Council should work with other agencies and groups to identify where nutrition is taught. Further, the Council should work to ensure that those who teach nutrition are indeed knowledgeable.

QUESTION 10. WHO DO YOU BELIEVE SHOULD BE RESPONSIBLE FOR NUTRITION EDUCATION?

Response

Some witnesses interpreted the question as "Who do you believe should teach nutrition" and answered that in schools, elementary and selected high school teachers should teach nutrition. Witnesses suggested that doctorally prepared nutritionists should teach nutrition to university students in any curricula, as well as to practicing professionals such as teachers, doctors, nurses, dietitians, etc. Nutrition education must be a lifetime project. Nutrition therefore needs to be an essential component in the formal preparation of elementary teachers, health educators, and possibly some others.

Recommendation

The Council should assume responsibility for nutrition education at all levels, recognizing that it cannot do any education directly but must inform and coordinate.

The Council should seek to introduce legislation which will make nutrition education a prerequisite for certification of new elementary school teachers and selected groups of high school teachers such as health educators.

The Council, working with appropriate other groups, should provide in-service training for teachers.

The Council should continue to support the present FHA-HERO Nutrition Peer Educators and perhaps expand the concept.

The Council should study how and by whom nutrition is taught to health professionals and make recommendations for improvement.

The Council should assume responsibility for assessing, evaluating, coordinating, and improving nutrition education within the State of Illinois. To achieve the goal of a knowledgeable population capable of making judicious food choices to maintain optimal health and nutritional status, the Council should begin some efforts at all levels.

School age children are an easily accessible and impressionable group, but they need to be taught by talented teachers who have the knowledge base and a proper attitude. Therefore, the Council should work to provide teachers with the strong knowledge base by working to have nutrition a prerequisite for certification of new elementary school teachers and selected groups of high school teachers such as health educators. Together with the Nutrition Education and Training (NET) program, the Illinois Department of Public Health (IDPH), the Dairy Council, and others, the Council should develop in-service training programs for teachers now in the system. In addition, the Council should use the Newsletter, support peer educators, and develop materials for teachers supplementing what is currently available.

As part of the effort to provide nutrition education for the general public, the Council should work to have nutrition as part of a science requirement for all university students and for health profession students. The Council should coordinate efforts of other groups interested in the education of the public to develop public service announcements, cable TV programs, etc.

To combat misinformation, the Council must work with other interested groups to draft and obtain support for legislation to define nutritionist and prevent unqualified persons from getting diplomas from unqualified universities.

Nutrition is more important than ever. The Council should function as a leader and coordinator of efforts in nutrition education and as a catalyst for increased efforts by other groups throughout the State of Illinois.

A complete report of the Council's hearings on Nutrition Education in Illinois is being printed under separate cover and will be available from the Council office.

TESTIMONY RELATING TO THE STUDY
OF INSTRUCTIONAL PROGRAM MANDATES

On behalf of the Illinois State Council on Nutrition, I am pleased to present the following testimony.

It has been brought to our attention that the Critical Health Problems and Comprehensive Health Education Act is under review. The Illinois State Council on Nutrition is unequivocally in favor of the mandate and would be opposed to its loss in the school curriculum. There are many reasons for this that I would like to address.

1. This is the only reference in the school code for instruction of children where nutrition is specifically mentioned. In the past three years, the Council has held hearings on junk food in the schools and on the nutritional problems of pregnant teens. And, in every case, the underlying recommendation was more nutrition education. It was deemed an important health intervention. I am including at the end of my report some of the testimony we received at the hearings. (See pages 54-56)

We are currently holding five hearings throughout the state to ascertain where and how much nutrition is being taught. In a study done this summer and fall by the Council, with the cooperation of the University of Illinois, Health and Safety Education Department, the Council sent out 550 surveys to school health education teachers. Of the 348 replies received, 31 health education teachers said they do not teach nutrition and 317 said they do teach nutrition.

In addition, an informal poll was taken this summer at the Illinois State Fair. The question was asked, "Do you think nutrition is important enough to be taught as a formal subject in the elementary or high schools?" Of the 50 respondents, 46 said "Yes," 3 said "No," and 1 "did not know."

2. The need for health education with a nutrition component is important because six of the ten leading causes of death in the United States have been related to diet. These are: heart disease, stroke and hypertension, cancer, diabetes, arteriosclerosis, and cirrhosis of the liver. Not a disease but certainly a problem in addition are dental caries as well as obesity, the number one health problem. The diseases are caused largely by factors that do not lend themselves to direct medical solutions. The American diet and life-styles are implicated in each of these "killer diseases." The urgency and seriousness of these diseases mandate that the population understand and practice the basic principles of good nutrition.[1]

It is obvious that other topics included in the mandate apply to this statement also -- prevention and control of disease, personal health habits, tobacco, and drug use and abuse.

3. One of the biggest concerns for the need to maintain and strengthen health education is the staggering health care costs alone. "American families can ill afford to spend unnecessarily for medical care. Large and persistent increases in health costs, which continue to outpace inflation in the rest of the economy, boosted national health expenditures in the fiscal year 1975 to an unprecedented $118.5 billion, or 8.3% of the gross national product. Americans now spend on the average of 10% of their total income on health care alone."[2]

"In 1978, health expenditures in the United States totaled $192.4 billion, an average of $863 per person. During the 1970's, national health expenditures have more than doubled with an average annual increase of 12.6 percent."[3]

We are in an age where primary health care should be preventative medicine and the responsibility for one's own health should be a primary goal. Health education's primary responsibility is to teach students that they ultimately are responsible for their own health. This is hard to evaluate. Knowledge tests can evaluate some, but the ultimate goals are more healthy life styles. The obvious question is can you prove health education and nutrition education will make a better life style? I think you can if you study the statistics that now show students are smoking less and that there is a definite trend by the consumer to cut down on fats and salts. As another example, a school invited to present a program for the Council in the Capitol had their choice of where to eat. These were high school students. They opted for a fast food restaurant, which doesn't surprise me, but they opted for a place where they could also get salads or vegetables because they had learned that these too are important to have in their diet. All of the students had salads along with their hamburgers. They did apply knowledge to behavior.

"Nutrition education can influence a positive change in eating habits and food choices. M. K. Head found that school children had an improved knowledge of nutrition as well as a significant improvement in diet following a school nutrition education program. The study showed that the younger children had the most dramatic change in eating habits and nutrition knowledge. Plate waste from school lunch decreased significantly after the nutrition education program. In California, a pilot program in nutrition education showed plate waste could be lowered by 18 percent. Alford and Tibbets found the consumption of vegetables by children, ages 6 to 17, was increased through a nutrition education program."[4]

Improving life style through nutrition education and health education can be taught. But it is certainly more difficult for the teacher to have instant feedback and to assess the results, for example, than someone teaching facts in a history course where one gets test results. The ultimate goal is for the individual to be responsible for his or her own health, which is a behavioral objective not a cognitive one.

Our health delivery system is suffering from a lack of primary care or, rather, primary prevention. The statistics on poor nutrition are overwhelming even when considered in terms of dollars rather than in terms of lives. George Briggs, Professor of Nutrition at the University of California, testifying before the U.S. Senate Select Committee in 1972, revealed poor dietary habits alone cost this nation $30 billion in health care each year. Improved preventative health care through more knowledge on nutrition and healthy life styles can improve mental development and increase the ability to concentrate and work. It has been proven that iron deficiency is a common problem in learning, and it seems to be one of the most common problems overall in the United States. Several studies have investigated the effects of iron deficiency and iron deficiency anemia on behavior and intellectual development in children.[5]

Improved nutrition decreases fetal, infant, child, and certain types of maternal mortality. Illinois now ranks as the 7th highest in infant mortality in the United States. From the Council's hearings on Nutrition and Teenage Pregnancy, we found that students, pregnant teens, do not know a great deal about nutrition. A course such as health education, which all students are required to take, certainly could have an impact on this problem.

In 1980 the "Objectives for the Nation" issued by the U. S. Department of Health and Human Services identified the needs and the priorities of our nation in relation to health. These specific objectives for Health Promotion are as follows: Smoking and Health; Misuse of Alcohol and Drugs; Nutrition; Physical Fitness and Exercise; and Control of Stress and Violent Behavior.[6] These objectives have many of the same goals as the mandate under review. Certainly, some similarities are obvious, such as smoking and nutrition. Others are less obvious, such as the area of mental health, which might now be associated with stress. The following are cited in "Promoting Health/Preventing Disease, Objectives For The Nation":

- Some groups in the population appear to be particularly vulnerable to stress overload (adolescents, the elderly, the unemployed, workers in certain occupations, people who experience major disruptions in their lives such as death of a spouse or job change).

- Stress may function as a precipitator of dysfunction or illness, as a predisposing factor or as a sustaining factor in chronic conditions, or as a precipitator of violent behavior.

- Evidence on the disease effects of stress is strongest for depression, coronary heart disease, peptic ulcer, asthma and diabetes.

- Evidence is also available regarding the relationship of stress to mental health problems, substance abuse, accidents, lower back pain, terminal renal failure,

skin rashes, tuberculosis, multiple sclerosis, cancer and childhood streptococcal infections.

. Unmanaged stress plays a major role in suicides and homicides which are leading causes of death among youth in the 15 to 24 age group.[7]

In Illinois, "the largest increase in death rates for the leading causes of death among adolescents and young adults was in the rate for suicide, which in 1980 was 52.8 percent higher than in 1970. Other leading causes which showed a higher death rate in 1980 than in 1970 were homicide and injuries undetermined whether accidentally or purposely inflicted. Only whites showed an increased risk of death from homicide between 1970 and 1980; their rate rose 142.6 percent. For blacks the rate decreased 31.9 percent. Nevertheless, the homicide death rate for blacks aged 15-24 years in 1980 (72.7 per 100,000) was over 6 times that for the white population in this age group (11.4 per 100,000)."[8]

These important factors in our society today cannot be overlooked as health problems. In what other course besides health can we be sure they will be discussed and learned to be dealt with?

You ask if without the mandate can desired outcomes be achieved? In order to have a more healthy life style, lower health care costs, lower mental retardation, and productive students as well as informed adults, knowledge must come from someplace. It has to come from some course where there is a captive audience. In the case of nutrition, which has a place in all of these factors, where are all these students going to receive the education necessary to make wise food choices for a healthy body? Home Economics would be fine, except that all students are not required to take Home Economics classes since it is not mandated. Statistics taken from "The Illinois Census of Secondary School Course Offerings 1977," Illinois State Board of Education, page 7, indicate that for the course entitled "Foods and Nutrition":

-- 120 high schools, or 17.04% of the state total, offered the course.

-- The total enrollment of these schools was 111,207, or 16.60% of the total state enrollment.

-- The total course enrollment was 5,929, or 0.89% of the total state enrollment and 5.33% of the enrollment of schools offering the course.

The 1979 Claims Data for Reimbursement, Formula Funded Programs, DAVTE, State Board of Education, gives the following information: Occupational Homemaking is a one-year general course. Family Health and Foods are two components of this course. Out of 676,106 high school students in Illinois, 39,983 students, or not quite 6%, took the course.

The overwhelming data we have indicates a need for more nutrition education, not less. In the mentioned survey of health educators taken by the Council this fall, it shows, indeed, by response that they do teach nutrition and would teach more if they had the time.

Another question, does the mandate reflect a compelling state interest? I cannot list compelling interest in all areas, but I can tell you that the nutrition component is alive and well in Illinois. There is a strong interest. The Council itself was created by law in 1977 because of interest in nutrition and a desire to see nutrition education carried out in the state and in all of the schools. The responses we get on our surveys, not only from health educators but other groups as well, indicate there is a strong interest. The conferences the Council conducts on nutrition are always well-attended. And one in particular for health educators, which they themselves requested we hold, was highly attended. I think it says something positive for the health educators that they requested a conference and want updated nutrition information. The requests our office receives for nutrition information from teachers, students, and the general public are overwhelming. We have sent out 163,800 pieces of information so far this year. Incidentally, our annual nutrition poster contest generated 13,353 participants last year and is growing. The contest is for students in kindergarten through the 8th grade.

The following comment was made by Representative Peter P. Peters, ISCON Chairman, in his opening remarks at the Council's first hearing on Nutrition Education in Illinois held in DeKalb on October 13, 1982:

> "We all know that the State Board of Education has had or will have a series of hearings in regard to the mandates for education in Illinois. This Council wants to make sure that the mandate relating to nutrition education remains a part of the mandate of the Illinois State Board of Education and that the mandate be strengthened where it can be. Again, we hope that our Council's hearings will provide us with the answers to the questions that the Legislature will be asking when we present our report to them. And, we trust that it will have sufficient impact on the Illinois State Board of Education to insure that the nutrition education mandate remains."

In conclusion, the Council cannot support a lessening of the mandate for the Critical Health Problems and Comprehensive Health Education Act; however, we could find much evidence for the strengthening of this mandate.

--Testimony prepared and presented on October 27, 1982, for the Illinois State Council on Nutrition by Virginia R. Hill, Executive Director, Illinois State Council on Nutrition, 524 S. Second Street, Springfield, Illinois, 62706.

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2. Ibid., p. 7.

3. "Health United States 1979," U. S. Department of Health, Education, and Welfare, DHEW Publication No. (PHS) 80-1232, U.S. Government Printing Office, Washington, D. C., 1979, p. 179.

4. "Relationships of Hunger and Malnutrition to Learning Ability and Behavior," State of Florida, Department of Citrus, 1979, p. 16.

5. Ibid., p. 8.

6. "Promoting Health/Preventing Disease, Objectives for the Nation," Department of Health and Human Services, Public Health Services, U. S. Government Printing Office, Washington, D. C., 1980, pp. 61-86.

7. Ibid., p. 83.

8. "Mortality Among Adolescents and Young Adults in Illinois, 1970 and 1980: A Vital Statistics Special Report," Illinois Department of Public Health, Office of Health Planning, Division of Health Information and Evaluation, pp. 1-2.

DIRECT QUOTES FROM HEARINGS TESTIMONY

From Nutrition and Teenage Pregnancy Hearings, September, 1981

- "When we speak of programs for nutrition education and services, we really must address the issue of how many dollars are we willing to spend for preventative programs."

- "If nutrition education was taught in the grade school and in early junior high, this would be an advantage to many adolescents. Education in the school system must be started early, because 13 and 14 year old girls are now becoming pregnant, and they need this education."

- "How is nutrition information being made available? The scenario goes like this. There are too few of us doing 'something' with so many of them not getting that 'something.' The reasons are many. The question might be asked, 'Do adolescents see the need?' The situation as it exists is that nutrition education is covered ever so lightly in the elementary grades. At the secondary level, health is required of ninth graders. The physical education department is responsible for the instruction. The instructor told me he spent five to seven hours on the subject. Where else does the student get nutrition information? Home Economics Orientation, Foods and Nutrition, and Child Development, all of which are electives."

- "Recommendations for improving teenagers' dietary practices are: ... continued and expanded nutrition education on all grade levels as behavior patterns of teenagers are founded in the formative years."

- "Making nutrition education mandatory in schools would be the best approach in dealing with the majority of these problems."

- "Last year when we had a nutrition education program in operation, ..., we discovered that our girls had far more basic information about what is good for them than we would ever have thought. What we found was that the information on nutrition, as with most everything else they have learned, was not seen as information that they needed personally in their daily lives. They did not in any way impact the information upon themselves. Therefore, anything we do in the future must have as the primary goal the changing of attitudes."

- "I would say my major focus would be on education--nutrition education. But, of course, I'm the one who feels that nutrition education should have started in the primary grades, not waiting until they become a teenager. I think there has to be an examination of the curricula in schools."

- "Increased nutrition information must be made available in a palatable form to students beginning at an early age and continued in a repeated fashion through high school. This information must contain information regarding what to eat and not to eat."

- "Basic nutrition information should be required as a part of elementary curriculum and expanded nutrition emphasis required at the secondary level as well."

- "The adolescents are not fully educated of the importance of nutrition. They have inadequate nutritional patterns. Most adolescents consume foods of high calorie content but (that) have low nutrient value."

- "I feel like if we could have nutrition programs in the schools that would also help. I feel that it is just out of the 7th grade level we should have home economics. In high school, I figure that should be a required course."

- "Nutrition education should be an integral part of health education in schools and should be designed to teach at an early age the skill to analyze and process available information in order to make sound nutritional decisions."

From Hearing on Junk Food in the Schools, August, 1980

- "Goals of nutrition and nutrition education in the schools should be to teach about those foods which make a positive contribution to human health and to teach students to make food choices."

- "Encourage a broad scale nutrition education program in all schools."

- "Encourage nutrition education in the classrooms and cafeterias. All foods have a place in the diet but the child needs to understand which foods have priority and why. Through nutrition education, a child can learn to evaluate foods and understand why sale of certain foods is restricted until after the last lunch period. Eating habits are learned early in life. Schools can provide positive reinforcement for good nutrition through education and practice."

- "More positively, however, you can EDUCATE, and PERSUADE people to choose healthier alternatives."

- "I conclude my remarks by strongly encouraging the members of the Illinois State Council on Nutrition to support, in every way, nutrition education programs in the schools, to pressure for efforts to integrate nutrition as a component, or integrated into other components, of elementary and secondary curricula, and to expand your support for consumer oriented nutrition education programs."

- "I believe we should combine our efforts toward those who are not making the proper food choices to direct them away from 'junk use' of food to guide them towards wise selection with a strong positive program of nutrition education rather than taking negative piecemeal potshots at individual food items."

- "Our belief is that nutrition awareness begins before lifetime nutritional habits and emotional dependency on foods is established; therefore, a study of nutrition must begin in the earliest years."

- "Recommendations include: ... Nutrition education in all grade levels."

STATE OF ILLINOIS
EIGHTY-SECOND GENERAL ASSEMBLY
HOUSE OF REPRESENTATIVES

House Resolution No. 1338

Offered by Representatives Currie - Peters - Chapman - Macdonald - V. F. Frederick, Nelson, Greiman and Satterthwaite

WHEREAS, The Special Supplemental Food Program for Women, Infants and Children supplies necessary nutritional supplements to the diets of disadvantaged mothers with young children, thereby helping them retain good health; and

WHEREAS, The federal government sets standards of good nutrition to aid these less advantaged mothers and young children in developing and following healthful diets for their proper development; and

WHEREAS, These standards include strict sugar content limits for children's cereals, with the intent of reducing cavities and other sugar-related health problems in young children; and

WHEREAS, Congress recently approved legislation that would allow highly sugared cereals to be authorized foods under the Women, Infants and Children program, thus disregarding the concern of the public and the health community about high-sugar diets for young children; and

WHEREAS, A high sugar content diet in young children can be harmful, and may contribute to health problems and expensive treatments; therefore be it

RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE EIGHTY-SECOND GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that we do hereby oppose the loosening of restrictions on the sugar content of foods supplied to disadvantaged infants and children who receive nutritional supplements under the Special Supplemental Food Program for Women, Infants and Children; and, be it further

RESOLVED, That we petition Congress to reconsider the open-ended language approved in legislation dealing with the nutritional standards of the federally-funded Women, Infants and Children food program, and restore strict limits on the sugar content of foods authorized under this program; and, be it further

RESOLVED, That we urge the U.S. Department of Agriculture to leave unchanged the sugar content nutritional standards now in effect in the Women, Infants and Children program.

Adopted by the House of Representatives on January 10, 1983.

Arthur A. Telcser, Speaker of the House

Anthony J. Leone, Jr., Clerk of the House

BEST COPY AVAILABLE

REPORT ON THE HEALTH EDUCATION SURVEY

Purpose

The purpose of this study was simply to describe the status of nutrition in the health classes in the schools of Illinois.

Methodology

The sample was selected in a two-fold manner. For Downstate schools, questionnaires were sent to all teachers who were on a list indicating that their main teaching responsibility was health education. Approximately 450 teachers were on this list. The second part of this sample included health education teachers in the Chicago school system. In this latter case, questionnaires were sent to principals of all junior and senior high schools requesting that they forward the questionnaire to teachers whose main teaching responsibility was health education. Approximately 100 questionnaires were sent to Chicago principals. Thus, the total number of questionnaires distributed was 550. Three hundred and fifty or approximately 64% were returned. The satisfactory response rate coupled with the completeness of the returned surveys lends credibility to the subsequent findings.

The questionnaire was developed with the assistance of a number of individuals with familiarity in the area of nutrition education and/or health education. The questionnaire was comprehensive. Included were questions about the academic major and minor of health education instructors, the grades they taught, the area of their primary teaching responsibility, the percent of time assigned to health education, the number of formal college nutrition courses, whether or not they attended a conference, workshop, or seminar on nutrition, and whether they included nutrition education in their health class. Teachers who responded that nutrition education was included were asked an additional series of questions. These included how many weeks is the health class, how many days per week does it meet, how many minutes in each class period, as well as how much class time in hours was devoted to nutrition. These instructors were also asked to identify the sources of information used in their nutrition education program, as well as what was the major source of information. Additionally, teachers who included nutrition education in their health class were asked what topics did they cover, what techniques did they use to present nutrition information, did they feel that the amount of time they have to discuss nutrition education was limited, and if so, then what was the biggest factor limiting the amount of time that they were able to spend on nutrition education.

All teachers, regardless of whether they taught nutrition, were then asked on which subject areas did they spend the most time, how important did they perceive nutrition education for elementary school students, and how important did they view nutrition education for high school students. It was felt that knowledge provided from responses to these questions would afford an adequate opportunity to assess the status of nutrition in the health classes of Illinois schools.

After the surveys were returned, the data were keypunched for subsequent computer analysis. The analysis was facilitated by use of the SPSS package of computer programs, which is one of the most widely utilized computer software packages in use today. Analysis included both simple frequencies for the specific questions, as well as cross-tabulations between one question and another.

Results

The results clearly show that most health education instructors have an undergraduate major in physical education. Of the respondents, 63.9% indicated having a physical education major. Another 19.2% reported having a health education major. Thus, 83.1% of all health education instructors had either a physical education or a health education major. The remaining respondents were spread out over a number of areas, with the most common being biology at 4.3%. Other undergraduate majors mentioned included science, social sciences, education, elementary education, home economics, and other. When queried about their undergraduate minor, the most common response was health education (37%). No other specific area was higher than 9%. These other areas included physical education, biology, science, social sciences, education, elementary education, home economics, and other.

Just over half the respondents indicated having a graduate degree. The most common degree was health education (36.8%), followed by physical education (28.0%). No other specific area was commonplace. Other areas mentioned included education (11%), science (1.1%), elementary education (1.1%), social sciences (.5%), and other (21.4%).

Only 4% of the respondents indicated that they taught at the elementary level. Figures at the higher grades were: 6th grade (7.5%), 7th grade (20.1%), 8th grade (19.2%), 9th grade (39%), 10th grade (64%), 11th grade (43.3%), and 12th grade (39.3%). It should be noted that the total of these percentages exceeds 100% since a number of instructors teach at more than one grade level.

As expected, the main teaching assignment was health education (70.2%), while 21.2% reported that their main teaching assignment was physical education. Combined, these groups accounted for over 90% of the respondents. No other academic area was reported as a significant main teaching assignment.

The results clearly indicate that most instructors teach health education as a significant part of their overall teaching responsibilities. Only 9.4% reported teaching health education for 15% or less time as a part of their overall teaching responsibilities. Another 40.5% reported teaching health education for between 20% and 70% of their time. Forty teachers, or approximately 11.8% of the overall respondents who answered this question, indicated that they taught health education between 75% and 95% of their time. By far, the largest category of teachers (130 or 38.3% of the respondents) said that they taught health education full time. The overall statistics for this question indicated that the mean percentage time devoted to teaching health education was 66.8% and the median time 74.6%.

Fully a third (33.9%) of the health education instructors reported not having a single college nutrition class. Another 34.2% said that they had one college nutrition class, while an additional 19.2% reported having two such classes. Only 12.7% of the group reported having three or more classes, with the highest individual reporting having seven. The overall statistics of the group show teachers having a mean of 1.2 college nutrition classes and a median of one class. Additionally, just over half of the group (52%) said that they had ever attended a conference, workshop, or seminar on nutrition.

The vast majority of teachers (91%) reported including nutrition education in their health class. Furthermore, teachers reported a wide range of weeks spent on their health class. The range was from one to 39 weeks. By far the most common response was that 18 weeks were devoted to health. One hundred and twenty-eight teachers or 41.2% of the entire group reported having this period devoted to health. Overall, the mean time reported was 13.6 weeks and the median time 17.5 weeks. The results of this survey clearly show that when health is taught, it is generally done for five days per week. 87.2% of the group reported teaching health for the full five days per week. With respect to length of the class period, the most frequent responses were 40, 45, 50, and 55 minutes per class period. Both the mean and median time in terms of minutes per class were approximately 50.

A major purpose of this study was to identify the time in hours that health education teachers devoted to nutrition. Approximately one quarter of the teachers (25.9%) reported teaching nutrition four hours or less. Just over a fifth (21.3%) said that they taught nutrition for five hours. This figure was the most frequently cited time devoted to nutrition. Another 15.1% said that they taught nutrition between six and nine hours, while approximately another fifth (20.7%) said that between 10 and 14 hours were devoted to nutrition. Just over ten percent (10.1%) reported devoting between 15 and 40 hours. Lastly, two individuals reported teaching nutrition for 50 hours or more. The total statistics indicate that the mean time devoted to nutrition is 7.9 hours, while the median is 5.9 hours.

With respect to the sources of information used in nutrition education programs, the teachers reported the following: 41.8% said college class notes, 85.4% reported the use of textbooks or professional journals, nutrition books for the general public were reported being used by 54.4% of the teachers, 71.6% said that they used pamphlets from health agencies, 24.6% used Illinois State Council on Nutrition (ISCON) brochures, 36.4% indicated that they used professional resource people, while 13.5% cited other sources. Again, as stated in a previous question, the percentages far exceed 100% since many instructors use more than one source of information in their nutrition education program. When queried about the major source, it was clear that textbooks are that source. Of the individuals responding to this question, 220 or 72.8% reported using textbooks or professional journals as their major source of information. In a distant second place were pamphlets from health agencies (7.3%), nutrition books for the general public (6.0%), college class notes (4.6%), other sources (4.3%), professional resource people (4.0%), and ISCON brochures (1.0%).

Another area explored in this survey was the identification of topics covered in nutrition education programs. Teachers were given a list of topics and asked whether or not these were or were not covered. The percent reporting coverage of specific topics is as follows: nutrition's relationship to good health (86.2%); consumerism (food facts and fallacies) (73.4%); selection of balanced meals (basic four food groups) (85.1%); nutrition through the life cycle (pregnancy, infancy, elderly) (45.6%); weight control (79.4%); nutritious snacks (66.5%); and food safety (43.3%). With respect to specific techniques used to present nutrition information, teachers were asked whether they used or did not use a number of specific techniques. The percentages indicating a use of a specific technique were as follows: filmstrips (films or slides) (84.1%); class lectures (97.7%); textbooks (85.4%); pamphlets (66.9%); guest speakers (27.7%); and the use of other methods (12.9%).

Teachers were next asked whether they felt that the amount of time they have to discuss nutrition in their class is limited. Slightly more than half (56.4%) said that it was, while 43.6% indicated that the time appeared to be sufficient. Teachers reporting that the amount of time they have to discuss nutrition in their class was limited were asked to identify the biggest factor limiting the amount of time spent on nutrition education. The vast majority of respondents (81.1%) reported too many other topics to be covered. Other less significant responses included little interest shown by students (8.6%), feel not qualified to teach subject (5.1%), or other reasons (5.1%). Interestingly, not a single respondent reported seeing no value in nutrition education. These results clearly indicate that teachers feel pressed by the demands of other areas. There is no evidence to suggest that the perception of limited time to discuss nutrition education is a function of feeling qualified by the teacher, little interest shown by the students, or that the teacher sees no value in nutrition education.

The entire group of teachers was asked about how important did they see nutrition education for elementary school students. The vast majority (82.8%) said that it was very important, while only 16.3% said somewhat important, and only three teachers or .9% considered it not important. Teachers were then asked how important did they consider nutrition education for high school students. Again, the results show that teachers perceive nutrition education as an important topic. Specifically, 73.0% said that they believe nutrition education to be very important, while 26.7% said somewhat important, and lastly only one instructor or .3% of the total group said that it was not important. Clearly, teachers believe nutrition education to be an important topic for both elementary and high school students.

Although this survey focused on assessing the status of nutrition education, teachers were also asked to identify up to three of the major subject areas as determined by time spent. The major areas identified are as follows: human growth and development (20.2%); combined drug unit including alcohol, drug use and abuse, and tobacco (15.5%); first aid, safety, disaster survival (13.6%); mental health and illness (11.5%); drug use and abuse (9.3%); disease prevention (9.3%); personal health habits (7.4%); nutrition (6.6%); and alcohol (3.3%). Receiving one or less percent of the responses were topics such as human ecology and health, public and environmental health, and consumer health.

On the following pages is a sample of the Nutrition Education Survey.

ILLINOIS STATE COUNCIL ON NUTRITION

NUTRITION EDUCATION SURVEY

Please circle one number for each question unless otherwise specified.

1. What was your academic major and minor? (Circle one number in each column as applicable.)

	Undergraduate Major	Undergraduate Minor	Graduate Level	
Health Education	1	1	1	4-9
Physical Education	2	2	2	
Biology	3	3	3	
Other Sciences	4	4	4	
Social Sciences	5	5	5	
Education	6	6	6	
Elementary Education	7	7	7	
Home Economics	8	8	8	
Food and Nutrition	9	9	9	
Other (specify) _____	10	10	10	

2. Which of the following grade levels do you teach?

	Teach	Do Not Teach	
K - 5th	1	2	10
6th	1	2	11
7th	1	2	12
8th	1	2	13
9th	1	2	14
10th	1	2	15
11th	1	2	16
12th	1	2	17

3. What is your PRIMARY teaching responsibility?

Health Education	1	18
Physical Education	2	
Biology	3	
Other Sciences	4	
Social Sciences	5	
Home Economics	6	
Driver's Education	7	
Elementary Education	8	
Other (specify) _____	9	

4. What percent of your time is assigned to health education?

_____% 19-21

5. How many formal college nutrition courses have you had?

_____ 22

6. Have you ever attended a conference, workshop, or seminar on nutrition?

Yes . . 1 23
No . . 2

7. Do you include nutrition education in your health class?

Yes 1 24
No (if no, skip to question #17) . . 2

8. How many weeks is the health class? _____ 25-26

9. How many days per week does it meet? _____ 27

10. How many minutes is each class? _____ 28-30

11. How much class time in hours is devoted to nutrition? _____ 31-32

12. From which of the following sources have you received the information used in your nutrition education program? (Circle all that apply.)

College class notes 1 33
Textbooks or professional journals 2 34
Nutrition books for general public 3 35
Pamphlets from health agencies 4 36
Illinois State Council on Nutrition brochures . . 5 37
Professional resource people 6 38
Other (specify) _____ 7 39

Which of the 7 sources listed above is your MAJOR source? (Indicate 1-7)

_____ 40

13. Which of these topics do you cover in your nutrition education program?

	Cover	Do Not Cover	
Nutrition's relationship to good health	1	2	41
Consumerism (food facts and fallacies)	1	2	42
Selection of balanced meals (basic four food groups)	1	2	43
Nutrition through the life cycle (pregnancy, infancy, elderly)	1	2	44
Weight control	1	2	45
Nutritious snacks	1	2	46
Food safety	1	2	47

14. Which techniques do you use to present nutrition information?

	Use	Do Not Use	
Filmstrips, films or slides	1	2	48
Class Lectures	1	2	49
Textbooks	1	2	50
Pamphlets	1	2	51
Guest Speakers	1	2	52
Other (specify) _____	1	2	53

15. Do you feel that the amount of time you have to discuss nutrition in your class is limited?

Yes 1 54

No (if no, skip to question #17) . . 2

16. What is the BIGGEST factor limiting the amount of time you spend on nutrition education? (Circle one.)

Too many other topics to be covered 1 55

Feel not qualified to teach subject 2

Little interest shown by students 3

See no value in nutrition education 4

Other (specify) _____

_____ 5

17. On which of these subject areas do you spend the most time? (Circle the top 3)

56-61

Human ecology & health	1
Human growth & development	2
Prevention & control of disease	3
Public & environmental health	4
Consumer health	5
First aid, safety, disaster survival	6
Mental health & illness	7
Personal health habits	8
Alcohol	9
Drug use and abuse	10
Tobacco	11
Nutrition	12
Dental health	13

18. In your opinion, how important is nutrition education for elementary school students?

62

Very important	1
Somewhat important	2
Not important	3

19. In your opinion, how important is nutrition education for high school students?

63

Very important	1
Somewhat important	2
Not important	3

THANK YOU FOR YOUR COOPERATION.

Public hearings will be held during the fall and winter to determine the status of nutrition education in Illinois. If you feel you have pertinent information and would like to participate in the hearings, please indicate by filling in the information below.

NAME _____

ADDRESS _____

_____

PHONE (work) _____ (home) _____

STATE OF ILLINOIS
EIGHTY-SECOND GENERAL ASSEMBLY
HOUSE OF REPRESENTATIVES

House Resolution No. 1336

Offered by Representatives Currie - Peters - Nelson - Macdonald - V. F. Frederick, Greiman and Satterthwaite

WHEREAS, Difficult economic conditions oftentimes place additional stress on the mental and physical health of Illinois most vulnerable citizens: the poor, the elderly, children and infants, and expectant mothers; and

WHEREAS, Proper nutritional care is essential to the well-being of all citizens; and

WHEREAS, Poor and improper nourishment can contribute to numerous serious health problems, including premature and low birth weight infants who often suffer life-long handicaps as a direct result of their mothers' poor nutrition during pregnancy; and

WHEREAS, Proper nutritional care is much less costly than hospitalization, institutionalization or the long-term special care that may be needed to counterbalance the effect of improper nutrition; and

WHEREAS, The Illinois Department of Public Health currently has a nutrition surveillance system in Maternal and Child Health which represents a good beginning toward providing an ongoing statewide nutritional surveillance program for all citizens under nutritional stress; now therefore be it

RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE EIGHTY-SECOND GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that we do hereby recognize the need for, and support the concept of, a nutrition surveillance system in an appropriate state department; and be it further

RESOLVED, That the General Assembly should move forward to establish such a surveillance program.

Adopted by the House of Representatives on January 10, 1983.

Arthur A. Telcser, Speaker of the House

Anthony J. Leone, Jr., Clerk of the House

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STATE OF ILLINOIS
EIGHTY-SECOND GENERAL ASSEMBLY
HOUSE OF REPRESENTATIVES

House Resolution No. 1337

Offered by Representatives V. F. Frederick - Peters - Currie - Macdonald - Satterthwaite and Greiman

WHEREAS, The current Illinois school code requires that the schools of the State provide students with a comprehensive health education program; and

WHEREAS, Through health education students study vitally important subjects, including the prevention and control of disease, safety education, disaster survival, mental health and illness, personal health habits, alcohol, drug and tobacco use and abuse, nutrition, and dental health; and

WHEREAS, Without this mandate, educational programs which are critical to the continued health and safety of all Illinoisians would not be available to many of the state's youths; and

WHEREAS, Training in proper health care results in a significant savings to the State, because of reduced risk of disease and injury; and

WHEREAS, Prevention is the most cost-effective method of reducing health care costs; and

WHEREAS, During difficult economic times, the need for proper health education becomes more, not less, important because many of the state's citizens are under increased physical and mental stress, making the risk of disease and injury greater; now therefore be it

RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE EIGHTY-SECOND GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that we do hereby support the retention of language in the present school code, mandating a comprehensive health education program for all students; and be it further

RESOLVED, That we oppose any change in this mandate which might weaken the health care education currently provided in Illinois schools, since doing so would ultimately undermine the health and safety of all Illinois citizens.

Adopted by the House of Representatives on January 10, 1983.

Arthur A. Telcser, Speaker of the House

Anthony J. Leone, Jr., Clerk of the House

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ILLINOIS STATE COUNCIL ON NUTRITION

REPORT ON THE 1982 ELDERLY SURVEY

In order to determine the eating habits and meal patterns of some of the elderly in Illinois, the Illinois State Council on Nutrition's (ISCON) Elderly and Low Income Task Force decided to conduct a survey. The most feasible method of surveillance in this instance seemed to be a questionnaire which could be administered at the elderly congregate Nutrition Sites in the state. The task force developed a 33-question survey form designed to obtain general information about the eating habits and meal patterns rather than scientific data on the nutritional status of the elderly in Illinois.

On March 18, 1982, a draft survey was presented to a meeting of the Illinois Association of Nutrition Project Directors requesting their recommendations and assistance. This is a professional not-for-profit organization established by and for the Directors of the Nutrition Projects throughout the state which serve senior citizens with nutritionally balanced meals as well as other supporting services. The Directors were very supportive of the ISCON survey and felt the results would be beneficial in planning their projects' meals and nutrition education objectives. The Project Directors suggested a Spanish version of the survey would be beneficial. The Department of Public Aid, Public Information, translated the survey for the Council which made it possible to survey a wider range of the elderly in Illinois. Copies of the ISCON survey forms were also made available to members of the Illinois General Assembly for use in their legislative districts.

Of the 51 Nutrition Projects, 39 chose to participate and requested specific numbers of the survey to distribute to the senior citizens they serve. On April 16, 1982, a total of 6,138 surveys were sent out, and by June 4, 1982, a total of 4,042 or 66% were returned. On June 28, the completed surveys were delivered to Computer Services at Eastern Illinois University to be tabulated.

Since incomplete surveys were discarded, a total of 3,571 (English and Spanish) were tabulated representing a surveillance of 35 or 68.6% of the Nutrition Projects, 81 or 79.4% of the counties in Illinois, and 13.8% of the total number of senior citizens served meals at the Nutrition Projects in Illinois.

Computer tabulations included individual results of each Nutrition Project as well as state totals. These results were sent to each of the 35 Projects that sent in completed surveys.

On the following pages are the totals for each question of the English and Spanish surveys.

ILLINOIS STATE COUNCIL ON NUTRITION

SENIOR CITIZEN SURVEY

A 331 ☐ C 903 ☐
B 362 ☐ D 1164 ☐

Total 3,539

ENGLISH

PLEASE CHECK ALL ANSWERS THAT ARE APPROPRIATE, OR FILL IN THE BLANKS.

1. MALE 1058
   FEMALE 2457
   NO ANSWER 24

2. | | Males | Females |
   |---|---|---|
   | WEIGHT | 171.9 lbs. | 147.6 lbs. |
   | HEIGHT | 68.6" | 63.5" |

3. WHITE, NOT OF HISPANIC ORIGIN 2991
   BLACK, NOT OF HISPANIC ORIGIN 283
   HISPANIC 15
   ASIAN/PACIFIC ISLANDER 1
   AMERICAN INDIAN 12
   ALASKAN NATIVE 1
   OTHER 36
   NO ANSWER 200

4. HOW OLD ARE YOU?
   60 TO 70 YEARS OLD 1353
   71 TO 80 YEARS OLD 1514
   81 OR OLDER 618
   NO ANSWER 54

5. DO YOU LIVE ALONE?
   YES 2046
   NO 1492
   IF NO, HOW MANY PEOPLE LIVE WITH YOU? _____

6. WHAT IS YOUR APPROXIMATE MONTHLY INCOME, INCLUDING FOOD STAMPS, SOCIAL SECURITY, ETC.?
   LESS THAN $200 274
   $201 TO $400 1367
   $401 TO $600 770
   $601 TO $700 246
   OVER $700 471
   NO ANSWER 411

7. APPROXIMATELY HOW MUCH DO YOU SPEND ON FOOD PER WEEK?
   $10 TO $20 1072
   $21 TO $30 1003
   $31 TO $40 610
   $41 TO $50 322
   OVER $50 275
   NO ANSWER 257

8. IN ONE WEEK, HOW OFTEN DO YOU EAT AT RESTAURANTS?
   NEVER 1126
   1 TO 3 TIMES 1859
   4 TO 6 TIMES 242
   OVER 7 TIMES 65
   NO ANSWER 246

9. ARE YOU ON A SPECIAL DIET THAT HAS BEEN PRESCRIBED BY YOUR DOCTOR?
   YES 984 NO 2425
   NO ANSWER 130

10. IF YES, WHICH DIET ARE YOU ON?
    DIABETIC 428
    LOW SALT 845
    HIGH POTASSIUM 118
    LOW CHOLESTEROL 306
    LOW CALORIE 240
    HIGH FIBER 98
    LOW FIBER OR BLAND 103
    OTHER 59
    NO ANSWER 2150

11. DO YOU SALT YOUR FOOD AT THE TABLE?
    YES 988 NO 2470
    NO ANSWER 81

12. WHAT COUNTY DO YOU LIVE IN?

_____

13. HOW MANY TIMES A WEEK DO YOU EAT AT A NUTRITION SITE?

1 TIME 346 3 OR 4 TIMES 2251
2 TIMES 479 NEVER 208
NO ANSWER 255

14. IS THE NUTRITION SITE MEAL

EATEN AT THE SITE 3104
HOME DELIVERED 170
NO ANSWER 265

15. HAVE YOU BEEN ABLE TO WORK THE NUTRITION SITE MEALS INTO YOUR DIET?

USUALLY 2370 NEVER 143
SOMETIMES 427
NO ANSWER 599

16. HOW MANY TIMES A WEEK DO YOU DRINK ALCOHOLIC BEVERAGES OR WINE?

1 OR 2 TIMES 518 5 OR 6 TIMES 57
3 OR 4 TIMES 59 DAILY 51
NEVER 2616
NO ANSWER 238

17. FOR BREAKFAST, WHAT DO YOU USUALLY EAT?

FRUIT OR FRUIT JUICE 2169
CEREAL 2241
BREAD 1819
MILK 1271
EGG 1241
BACON 769
SAUSAGE 367
COFFEE/TEA 2530
OTHER 218
NOTHING 116

18. FOR LUNCH, WHAT DO YOU USUALLY EAT?

FRUIT OR FRUIT JUICE 1013
CEREAL 149
BREAD 1891
MILK 1338
MEAT 2533
CHEESE 980
EGG 393
VEGETABLE 2375
RICE/NOODLES 723
POTATO 1822
DESSERT 1529
COFFEE/TEA 1964
OTHER 283
NOTHING 55

19. FOR SUPPER, WHAT DO YOU USUALLY EAT?

FRUIT OR FRUIT JUICE 855
CEREAL 295
BREAD 1722
MILK 1039
MEAT 2207
CHEESE 926
EGG 452
VEGETABLE 1840
RICE/NOODLES 478
POTATO 1249
DESSERT 1196
COFFEE/TEA 1617
OTHER 381
NOTHING 59

20. DO YOU HAVE A VEGETABLE GARDEN?

YES 1036 NO 2269
NO ANSWER 234

21. WHAT FOODS DO YOU USUALLY EAT FOR SNACKS?
FRUIT OR FRUIT JUICE 1458
VEGETABLES 320
BREAD 303
CEREAL 277
SANDWICH 614
ICE CREAM 1280
COOKIES 1342
CAKE 479
PIE 403
POTATO CHIPS/CRACKERS 773
SODA POP 568
CANDY 451
COFFEE/TEA 1067
OTHER 182
NOTHING 377

22. IN ONE DAY, HOW MUCH TOTAL MILK DO YOU DRINK?
1 CUP 1518
2 CUPS 1106
3 CUPS 354
4 OR MORE CUPS 131
NO ANSWER 428

23. WHAT KIND OF MILK DO YOU DRINK?
POWDERED 76 SKIM 297
2% 1450 WHOLE 1010
BUTTERMILK 65
NO ANSWER 642

24. WHAT KIND OF BREAD DO YOU USUALLY EAT?
WHOLE WHEAT 1503
WHITE 1093
RYE 132
PUMPERNICKEL 11
NO ANSWER 805

25. HOW MANY SLICES OF BREAD DO YOU EAT IN ONE DAY?
1 SLICE 643
2 SLICES 1468
3 SLICES 794
4 SLICES 362
5 OR MORE SLICES 108
NO ANSWER 164

26. CHEESE, MEATS, AND EGGS ARE ALL CONSIDERED SOURCES OF PROTEIN. WHAT KIND OF PROTEIN DO YOU EAT?
BEEF 2645
HAMBURGER 2298
PORK 1459
BACON 1434
HAM 1497
TURKEY 1271
CHICKEN 2919
FISH 2130
CHEESE 2211
EGG 2215
DRIED BEANS OR PEAS 1286
OTHER 121

27. HOW MANY TIMES A DAY DO YOU EAT A PROTEIN FOOD?
1 TIME 487
2 TIMES 1870
3 TIMES 860
4 TIMES 100
5 OR MORE TIMES 35
NO ANSWER 187

(OVER)

28. WHICH FRUITS OR FRUIT JUICES DO YOU EAT?

APPLE 2088
APPLESAUCE 2086
APRICOT 1401
BANANA 2699
CANTALOUPE 1369
CHERRIES 893
FIGS 433
GRAPEFRUIT 1833
GRAPES 1131
ORANGE 2370
PEACHES 2285
PEARS 1814
PINEAPPLE 1646
PLUMS 971
PRUNES 1389
RAISINS 1270
STRAWBERRIES 1954
WATERMELON 1345
OTHER 184

29. HOW MANY FRUITS DO YOU EAT IN ONE DAY?

1 1031 3 515
2 1511 4 111
MORE 46
NO ANSWER 324

30. ARE THE FRUITS YOU EAT USUALLY

CANNED 793
FROZEN 88
FRESH 1027
NO ANSWER 1670

31. WHICH VEGETABLES DO YOU EAT?

ASPARAGUS 2038
BEETS 2376
BROCCOLI 1995
BRUSSEL SPROUTS 1319
CABBAGE 2380
CARROTS 2741
CAULIFLOWER 1940
CELERY 2142
CORN 2495
CUCUMBERS 1660
EGGPLANT 790
GREENS 1513
GREEN BEANS 2901
GREEN PEPPERS 1447
LETTUCE 2639
LIMA BEANS 1698
PEAS 2413
POTATO 2904
SPINACH 2098
SQUASH 1417
SWEET POTATOES 2216
WAX BEANS 1438
TOMATOES 2729
TURNIPS 1401
OTHER 211

32. HOW MANY VEGETABLES DO YOU EAT IN ONE DAY?

1 584 3 807
2 1656 4 214
MORE 77
NO ANSWER 204

33. ARE THE VEGETABLES YOU EAT USUALLY

CANNED 857
FROZEN 194
FRESH 665
NO ANSWER 1870

NOT CODED

A ☐ C ☐

B ☐ D ☐

ILLINOIS STATE COUNCIL ON NUTRITION

SENIOR CITIZEN SURVEY

SPANISH

Total 32

PLEASE CHECK ALL ANSWERS THAT ARE APPROPRIATE, OR FILL IN THE BLANKS.

1. MALE 5
   FEMALE 26
   NO ANSWER 1

2. WEIGHT _____
   HEIGHT _____

3. WHITE, NOT OF HISPANIC ORIGIN 3
   BLACK, NOT OF HISPANIC ORIGIN _____
   HISPANIC 28
   ASIAN/PACIFIC ISLANDER _____
   AMERICAN INDIAN _____
   ALASKAN NATIVE _____
   OTHER _____
   NO ANSWER 1

4. HOW OLD ARE YOU?
   60 TO 70 YEARS OLD 14
   71 TO 80 YEARS OLD 14
   81 OR OLDER 2
   NO ANSWER 2

5. DO YOU LIVE ALONE?
   YES 14
   NO 17
   IF NO, HOW MANY PEOPLE LIVE WITH YOU? _____
   NO ANSWER 1

6. WHAT IS YOUR APPROXIMATE MONTHLY INCOME, INCLUDING FOOD STAMPS, SOCIAL SECURITY, ETC.?
   LESS THAN $200 5
   $201 TO $400 20
   $401 TO $600 1
   $601 TO $700 _____
   OVER $700 1
   NO ANSWER 5

7. APPROXIMATELY HOW MUCH DO YOU SPEND ON FOOD PER WEEK?
   $10 TO $20 4
   $21 TO $30 11
   $31 TO $40 5
   $41 TO $50 2
   OVER $50 5
   NO ANSWER 5

8. IN ONE WEEK, HOW OFTEN DO YOU EAT AT RESTAURANTS?
   NEVER 24
   1 TO 3 TIMES 4
   4 TO 6 TIMES _____
   OVER 7 TIMES 1
   NO ANSWER 3

9. ARE YOU ON A SPECIAL DIET THAT HAS BEEN PRESCRIBED BY YOUR DOCTOR?
   YES 13 NO 19

10. IF YES, WHICH DIET ARE YOU ON?
    DIABETIC 4
    LOW SALT 9
    HIGH POTASSIUM 6
    LOW CHOLESTEROL 8
    LOW CALORIE 3
    HIGH FIBER _____
    LOW FIBER OR BLAND _____
    OTHER _____

11. DO YOU SALT YOUR FOOD AT THE TABLE?
    YES 8 NO 23
    NO ANSWER 1

(OVER)

12. WHAT COUNTY DO YOU LIVE IN?

_____

13. HOW MANY TIMES A WEEK DO YOU EAT AT A NUTRITION SITE?

1 TIME 2 — 3 OR 4 TIMES 18
2 TIMES 3 — NEVER 2
NO ANSWER 1 — 5 TIMES 6

14. IS THE NUTRITION SITE MEAL

EATEN AT THE SITE 27
HOME DELIVERED 1
NO ANSWER 4

15. HAVE YOU BEEN ABLE TO WORK THE NUTRITION SITE MEALS INTO YOUR DIET?

USUALLY 15 — NEVER 2
SOMETIMES 3
NO ANSWER 12

16. HOW MANY TIMES A WEEK DO YOU DRINK ALCOHOLIC BEVERAGES OR WINE?

1 OR 2 TIMES 3 — 5 OR 6 TIMES 1
3 OR 4 TIMES ____ — DAILY ____
NEVER 23
NO ANSWER 5

17. FOR BREAKFAST, WHAT DO YOU USUALLY EAT?

FRUIT OR FRUIT JUICE 13
CEREAL 14
BREAD 14
MILK 15
EGG 15
BACON 4
SAUSAGE 4
COFFEE/TEA 28
OTHER ____
NOTHING 2

18. FOR LUNCH, WHAT DO YOU USUALLY EAT?

FRUIT OR FRUIT JUICE 17
CEREAL 4
BREAD 20
MILK 14
MEAT 25
CHEESE 11
EGG 11
VEGETABLE 24
RICE/NOODLES 18
POTATO 18
DESSERT 19
COFFEE/TEA 18
OTHER 1
NOTHING 1
NO ANSWER 1

19. FOR SUPPER, WHAT DO YOU USUALLY EAT?

FRUIT OR FRUIT JUICE 10
CEREAL 1
BREAD 6
MILK 9
MEAT 17
CHEESE 10
EGG 5
VEGETABLE 14
RICE/NOODLES 16
POTATO 10
DESSERT 8
COFFEE/TEA 19
OTHER 3 (2 Beans)
NOTHING ____
NO ANSWER 4

20. DO YOU HAVE A VEGETABLE GARDEN?

YES 3 — NO 24
NO ANSWER 5

80

21. WHAT FOODS DO YOU USUALLY EAT FOR SNACKS?

FRUIT OR FRUIT JUICE 21
VEGETABLES 4
BREAD 5
CEREAL 3
SANDWICH 4
ICE CREAM 7
COOKIES 14
CAKE 9
PIE 4
POTATO CHIPS/CRACKERS 6
SODA POP ___ } 8
CANDY ___ }
COFFEE/TEA 12
OTHER 2
NOTHING 4
NO ANSWER 1

22. IN ONE DAY, HOW MUCH TOTAL MILK DO YOU DRINK?

1 CUP 7
2 CUPS 6
3 CUPS 8
4 OR MORE CUPS 3
NONE 2 NO ANSWER 6

23. WHAT KIND OF MILK DO YOU DRINK?

POWDERED 1 SKIM 5
2% 6 WHOLE 10
BUTTERMILK 2
NO ANSWER 8

24. WHAT KIND OF BREAD DO YOU USUALLY EAT?

WHOLE WHEAT 14
WHITE 16
RYE ___
PUMPERNICKEL ___
NO ANSWER 2

25. HOW MANY SLICES OF BREAD DO YOU EAT IN ONE DAY?

1 SLICE 5
2 SLICES 14
3 SLICES 4
4 SLICES 6
5 OR MORE SLICES 1
NONE 1 NO ANSWER 1

26. CHEESE, MEATS, AND EGGS ARE ALL CONSIDERED SOURCES OF PROTEIN. WHAT KIND OF PROTEIN DO YOU EAT?

BEEF 25
HAMBURGER 15
PORK 11
BACON 5
HAM 19
TURKEY 10
CHICKEN 28
FISH 26
CHEESE 21
EGG 23
DRIED BEANS OR PEAS 24
OTHER ___

27. HOW MANY TIMES A DAY DO YOU EAT A PROTEIN FOOD?

1 TIME 7
2 TIMES 17
3 TIMES 7
4 TIMES 1
5 OR MORE TIMES ___

(OVER)

28. WHICH FRUITS OR FRUIT JUICES DO YOU EAT?

APPLE 21
APPLESAUCE 12
APRICOT 7
BANANA 21
CANTALOUPE 17
CHERRIES 11
FIGS 5
GRAPEFRUIT 21
GRAPES 18
ORANGE 24
PEACHES 12
PEARS 17
PINEAPPLE 14
PLUMS 14
PRUNES 9
RAISINS 13
STRAWBERRIES 11
WATERMELON 13
OTHER _____
NO ANSWER 1

29. HOW MANY FRUITS DO YOU EAT IN ONE DAY?

1 6
2 15
3 6
4 1
MORE 2
NO ANSWER 1

30. ARE THE FRUITS YOU EAT USUALLY

CANNED 15
FROZEN 1
FRESH 25
NO ANSWER 3

31. WHICH VEGETABLES DO YOU EAT?

ASPARAGUS 14
BEETS 17
BROCCOLI 13
BRUSSEL SPROUTS 5
CABBAGE 25
CARROTS 24
CAULIFLOWER 17
CELERY 16
CORN 27
CUCUMBERS 14
EGGPLANT 14
GREENS 24
GREEN BEANS 23
GREEN PEPPERS 20
LETTUCE 28
LIMA BEANS 15
PEAS 14
POTATO 23
SPINACH 22
SQUASH 21
SWEET POTATOES 23
XXXXXXXXXXXXXX
TOMATOES 27
TURNIPS 10
OTHER _____
NO ANSWER 1

32. HOW MANY VEGETABLES DO YOU EAT IN ONE DAY?

1 10
2 16
3 3
4 1
MORE 2

33. ARE THE VEGETABLES YOU EAT USUALLY

CANNED 20
FROZEN 5
FRESH 23
NO ANSWER 1

In addition to totals for each question, more extensive computer data were also obtained. It should be noted that these statistics were compiled only from the responses received from a particular segment of the elderly population in Illinois and may or may not be indicative of the entire elderly population.

Following are some of the additional data obtained from those surveyed:

1. 53% reported income below the poverty level for a one-person, nonfarm family. (According to the U.S. Department of Health and Human Services figures as of April 5, 1982, the poverty level for a nonfarm family comprised of one person is $4,680 annual income or $390 monthly income.)

2. 63.2% reported spending between $10 and $30 on food per week.

   a. When this information was compared to persons completing information on living alone, there were 77.5% spending between $10 and $30 a week on food and living alone.

   b. When this information was compared to persons completing information on the number of times a week eating at the nutrition site, there were 42.8% spending between $10 and $30 a week on food and eating at the nutrition site three to four times a week.

3. 80.6% reported eating something besides coffee and tea at each meal of the day -- breakfast, lunch, and supper. When this information was compared to persons completing information on times a week eating at the nutrition site, 55% reported eating at the site three to four times a week and eating three meals a day.

4. 2,692 persons completed information on height, weight, and sex. A height/weight index was calculated using the Medium Frame weight range from the Metropolitan Life Insurance Company tables[1] as the Normal Weight Index. The other four weight indexes were determined from the Normal Weight Index range. Each person was coded into a "weight index" as follows:

Weight Index	Female	Male	Overall
Very Underweight	3.1%	4.6%	3.5%
Underweight	1.8	3.0	2.2
Normal	14.4	17.4	15.3
Overweight	16.8	23.6	18.8
Very Overweight	63.9	51.4	60.2

For complete height/weight ranges used for the ISCON survey, see the Weight Index Chart at the end of this report.

Since obesity is cited as the most prevalent form of malnutrition among the elderly in this country today, the above percentages are not so alarming. According to most estimates, 33.3% of the older men and 50% of the older women are obese. In the HANES Survey, 1980[1] (Health and Nutrition Examination Survey), the following were the average weights reported for U.S. citizens in the 65-74 age category:

Men - Age 65-74		Women - Age 65-74	
Height (inches)	Weight (pounds)	Height (inches)	Weight (pounds)
62	143	57	130
63	147	58	134
64	151	59	137
65	156	60	140
66	160	61	144
67	164	62	147
68	169	63	151
69	173	64	154
70	177	65	158
71	182	66	161
72	186	67	165
73	190	68	169
74	194		

Average weights reported in the HANES Survey fell within the Very Overweight range of the Weight Indexes that were calculated for the ISCON survey. This would indicate that, according to current standards, obesity is common among the elderly population.

Reasons for the large percentage of overweight people might include a decreased caloric need due to decreased metabolism and muscular activity, and a tendency to consume easy-to-prepare foods with a high carbohydrate content. Responses from ISCON survey data also indicated that 71% snacked on high calorie snacks.

5. The Basic Four Food Group Plan recommends that adults eat the following daily:

   Milk and Cheese Products - Two servings

   Whole Grain Breads and Cereals -- Four servings

   Meats, Fish, and Poultry - Two servings

   Fruits and Vegetables - Four servings (including one citrus and dark green or yellow vegetable)

Of those surveyed, the following daily pattern was reported:

Milk:

2 cups	31.1%
2 or more cups	45.0%
More than 2 cups	13.9%

Bread:

2 slices	41.5%
2 or more slices	74.4%
More than 2 slices	32.9%
4 slices	7.5%
4 or more slices	10.6%
More than 4 slices	3.1%

Protein:

2 times a day	52.8%
2 or more times a day	80.9%
More than 2 times a day	28.1%

Fruits:

2 a day	42.7%
2 or more a day	61.8%
More than 2 a day	19.1%

Vegetables:

2 a day	46.7%
2 or more a day	77.7%
More than 2 a day	31.0%

The above statistics suggest that those surveyed are getting adequate amounts of each food group, especially when the consumption of other bread and cereal products and other dairy products is taken into consideration. It might be presumed that the lunch meal provided at the nutrition site benefits the elderly in obtaining adequate amounts since the following are available at that meal:

Meat or Alternate	3 oz. edible portion
Vegetables and Fruits	2 servings of 1/2 cup each edible portion
Bread or Substitute	1 serving
Fortified Margarine	1 teaspoon
Dessert	1/2 cup
Milk	1/2 pint

For an expanded explanation of nutrition site meal patterns, see Excerpts from "Guide to Effective Project Operations" at the end of this report.

When assessing the nutritional status of the elderly population, there are numerous health concerns such as the occurrence of anemia and osteoporosis. Due to decreased consumption of meat, milk, vegetables, and fruits, there are concerns for deficiencies of iron, protein, calcium, vitamin A, vitamin C, and fiber.

Since no biochemical data were taken in the ISCON survey, nutrient deficiencies were not observed. However, the food consumed daily appeared to be sufficient to prevent nutrient deficiencies. Even though 53% reported monthly incomes at or below the poverty level, 80.6% reported eating three meals a day, and the total daily food intake pattern would indicate they are consuming food representative of the Basic Four Food Group Plan. So it would appear that if there are nutritional deficiencies in those surveyed, the condition would be a result of poor absorption due to disease or disability rather than inadequate consumption. In order to make any definite conclusions regarding nutrient deficiencies of the elderly, more clinical studies or research should be undertaken.

There is limited information available regarding the congregate meal program's influence on the nutritional status of the participants. However, some studies have been conducted comparing nutrient intakes and selected biochemical measurements of participants to those of nonparticipants. Although these studies were more scientific, similarities to the data obtained from the ISCON survey can be observed. The following is information taken from an article, "The Nutritional Status of Congregate Meal Recipients," published in the September-October, 1980, issue of AGING, U. S. Department of Health and Human Services, Office of Human Development Services, Administration on Aging:

-- Participants in the congregate meal program ate more food, and, in general, were better nourished than nonparticipants.

-- Means for daily energy and nutrient intakes from food eaten by both men and women who participated in the program provided a higher value than that eaten by nonparticipants with respect to energy, protein, calcium, phosphorus, riboflavin, niacin, and fat. Participating women also had higher intakes of iron and thiamin and vitamin A than nonparticipating women.

-- The average energy intakes of participants were 86 and 95 percent of the RDAs for men and women 51 to 75 years of age, respectively, whereas food eaten by both men and women nonparticipants provided 74 percent of the RDAs.

-- The protein, mineral, and vitamin content of food eaten by participants exceeded the recommended allowances.

-- The percentage of individuals with low biochemical measurements was higher for nonparticipants. This was particularly true for serum protein concentrations. The percentage of nonparticipants with low serum protein levels was approximately two times greater than that of participants.

-- The nutrient intakes of participants exceeded those of nonparticipants and there was a lower percentage of individuals with low biochemical measurements among participants compared with nonparticipants.

-- In general, the nutrient intake of those who received congregate meals was significantly higher than that of nonparticipants.

Many presumptions might be made as to why the particular segment of the elderly surveyed by ISCON appear to be consuming adequate amounts of food. Nutrition site participants receive at least 33.3% of the daily Recommended Dietary Allowances from the meal served at the site. It appears this meal gives them the opportunity to better meet their daily food requirements.

In addition to an adequate meal, participants also receive nutrition education. In order to assist them in improving the quality of meals obtained independently, activities are planned to inform them about facts and information which will promote improved eating habits, food selection, and health related practices. Data from the ISCON survey would indicate that those surveyed are equipped with sufficient knowledge to make wise selections of foods at the other two meals of the day.

The congregate meal sites also provide an opportunity for senior citizens to socialize. There is a common trend among the elderly to develop apathy toward many things, but particularly toward food. Social involvement associated with participating in the dining program also may influence daily food patterns.

In this segment of the population surveyed, the combination of the meal, the nutrition education, and the socialization provided at the sites appears to positively influence daily food patterns.

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[1]Eva May Nunnelley Hamilton and Eleanor Noss Whitney, Nutrition Concepts and Controversies, 2nd ed., (St. Paul, Minnesota: West Publishing Co., 1982).

WEIGHT INDEX CHART*

MEN

Height Feet	Height Inches	Very Underweight	Underweight	Normal	Overweight	Very Overweight
		Under				Over
5	2	112	112-118	118-129	129-141	141
5	3	115	115-121	121-133	133-144	144
5	4	118	118-124	124-136	136-148	148
5	5	121	121-127	127-139	139-152	152
5	6	124	124-130	130-143	143-156	156
5	7	128	128-134	134-147	147-161	161
5	8	132	132-138	138-152	152-166	166
5	9	136	136-142	142-156	156-170	170
5	10	140	140-146	146-160	160-174	174
5	11	144	144-150	150-165	165-179	179
6	0	148	148-154	154-170	170-184	184
6	1	152	152-158	158-175	175-189	189
6	2	156	156-162	162-180	180-194	194
6	3	160	160-167	167-185	185-199	199
6	4	164	164-172	172-190	190-204	204

WOMEN

Height Feet	Height Inches	Very Underweight	Underweight	Normal	Overweight	Very Overweight
		Under				Over
4	10	92	92- 96	96-107	107-119	119
4	11	94	94- 98	98-110	110-122	122
5	0	96	96-101	101-113	113-125	125
5	1	99	99-104	104-116	116-128	128
5	2	102	102-107	107-119	119-131	131
5	3	105	105-110	110-122	122-134	134
5	4	108	108-113	113-126	126-138	138
5	5	111	111-116	116-130	130-142	142
5	6	114	114-120	120-135	135-146	146
5	7	118	118-124	124-139	139-150	150
5	8	122	122-128	128-143	143-154	154
5	9	126	126-132	132-147	147-158	158
5	10	130	130-136	136-151	151-163	163
5	11	134	134-140	140-155	155-168	168
6	0	138	138-144	144-159	159-173	173

*Note: Weight in pounds

Meat or Meat Alternate Group

Nutrition policy requires:

> **Three ounces cooked edible portion of meat, fish, fowl, luncheon meats, eggs, or cheese. Meat alternates may be used occasionally for variety and may include cooked dried beans or peas, nuts, or nut-butter (peanut butter and others).**

Three ounces means the amount when ready to eat. Thus, more meat must be purchased raw to compensate for shrinkage during cooking and to account for inedible parts such as bone and sometimes fat. The lean of all cuts of meat is equally nutritious. However, organ meats, including liver, are especially high in many nutrients. Cost of meat is related to availability and usually not to nutritive value.

Alternates for the protein in one ounce of cooked lean meat (remember, three ounces are required):

- 1 egg
- 1 ounce of cheddar cheese
- ¼ cup cottage cheese
- ½ cup cooked dried beans or peas (garbanzos, sometimes called chick peas; lentils; soybeans; lima beans or other legumes)
- 2 tablespoons peanut butter
- 1 ounce cooked fish
- 1 ounce cooked poultry

Meat or alternate foods can be served alone or combined with other foods in casseroles, loaves, patties, croquettes, stews, soups, salads, and sandwiches.

Below are examples of combinations that meet the standard of three ounces of cooked, lean meat or equivalent of alternate food:

- Cheeseburger made of 2 ounces of cooked beef pattie plus 1 ounce slice of cheese
- 1 ounce of bologna and 1 ounce of cheese in sandwich, plus 1 deviled egg
- Egg foo yong (1 egg) with sweet sour pork (2 ounces)
- Italian lasagna (2 ounces meat, 2 tablespoons cottage cheese and ½ egg per serving)
- Cheese enchiladas (1 ounce cheese and 1 cup refried beans)
- Lentil soup (½ cup) with cut-up sausages (2 ounces)
- ½ cup baked beans plus 2 ounces of ham
- Pineapple-cottage cheese salad (¼ cup cottage cheese) plus beef stew containing 2 ounces of cooked lean meat per serving

Foods in the meat group supply the major amount of the protein recommended for good nutrition, plus good amounts of iron, thiamine, riboflavin, and niacin. Note that on the chart, "Nutrients Furnished by Meal Pattern," they provide 33 percent of the recommended dietary allowance for protein, 20 percent of the iron, and 18, 10 and 62 percent of the thiamine, riboflavin and niacin equivalents, respectively.

Vegetables and Fruits

Nutrition program policy requirements state:

> **Two, one-half cup servings. All vegetables and full strength vegetable juices, all fruits and full strength fruit juices.**
>
> **Note: Rice, spaghetti, macaroni and noodles are not vegetables . . . Fruit used as a dessert should not be counted toward the suggested two servings of vegetables and fruits.**

Note that full strength juices are 100 percent juices and that rice, spaghetti, macaroni, and noodles are not vegetables but rather they are alternates in the bread and cereal group.

Fruits and vegetables can be served cooked or raw, alone or in combination with each other, or in sauces. One half-cup of fruit or vegetables or a single piece as ordinarily eaten is a serving. For example, a medium-sized boiled potato, a medium-sized orange, or one-half of a small grapefruit constitutes one serving.

Fruit served as dessert should count only as dessert. If it is counted twice, both as a dessert and as a part of the suggested amount of vegetables and fruits, a meal may be lacking in nutrients and satisfaction. Fruit drinks, fruit ades, etc., are not 100 percent juice and should not be so considered. They may be served as an additional menu item for variety.

Since the diets of the elderly are frequently low in ascorbic acid (vitamin C), it is recommended that foods be chosen from the following list each day.

Some good sources of vitamin C include:

Fruits	Vegetables
Acerola	Broccoli
Cantaloupe	Brussels sprouts
Grapefruit or grapefruit juice	Green pepper
Guava	Sweet red pepper
Mango	
Orange or orange juice	
Papaya	
Strawberries	

Some fair sources of vitamin C include:

Fruits	Vegetables
Honeydew melon	Asparagus
Lemon wedge (whole lemon is "good")	Cabbage
Tangerine or tangerine juice	Cauliflower
Watermelon	Collards
Fruit juices fortified with vitamin C	Kale
	Kohlrabi
	Mustard greens
	Potatoes and sweet potatoes
	Rutabagas
	Spinach
	Tomatoes or tomato juice
	Turnip greens

Ascorbic acid (vitamin C) is a water-soluble vitamin, not readily stored in the body, so a good source of vitamin C from food should be used daily in menu planning. All juices other than orange, grapefruit, lemon, or tomato juice should be fortified with vitamin C. Read the labels of such juices as apple, pineapple, and grape before purchasing these from your dealer to be sure they are fortified with vitamin C (ascorbic acid).

Diets of the elderly are frequently low in vitamin A. This vitamin is stored in the body, so a daily source is not necessary but frequent use is essential. Fruits and vegetables in the following lists are a good source of vitamin A and should be included two to three times a week. (Note that most are deep yellow or very dark green.)

Fruits	Vegetables
Apricots	Broccoli
Cantaloupe	Carrots
Mango	Chard
Persimmon	Collards
	Cress
	Kale
	Pumpkin
	Spinach
	Sweet potatoes
	Turnip greens and other dark green leaves
	Winter squash

Foods in the vegetable and fruit group should supply most of the vitamin A and all of the vitamin C recommended daily for good nutrition. In the chart, "Nutrients Furnished by the Meal Pattern," note that fruits and vegetables, if chosen wisely, provide over 90 percent of the vitamin A and over 100 percent of the ascorbic acid for the day. Dark green vegetables with thin green leaves like chard, turnip greens, and spinach, are also good sources of iron. From the nutritional status studies, we have found that vitamin A, vitamin C, and iron are commonly low in diets of older people and so foods containing these nutrients should be emphasized. If the elderly do not obtain these nutrients at the meal served by the nutrition project, they may not obtain them at all. A good nutrition education program also can help to emphasize their importance.

Enriched or Whole Grain Bread or Alternate

One serving. Enriched or whole-grain bread, biscuits, muffins, rolls, sandwich buns, cornbread and other hot breads.

One serving is one slice of bread or one biscuit, muffin, or roll or a square of hot bread. Hot breads will make an acceptable addition to any meal and can be made from USDA donated foods.

Bread alternates may include enriched or whole-grain cereals or cereal products such as spaghetti, macaroni, dumplings, pancakes, and waffles.

Where available, the following additional variations may be substituted for the bread requirements: ufi, tanniers, yams, plantains, and sweet potatoes.

One serving of the following bread alternates is equivalent to one slice of bread:

- 5 saltine crackers (enriched)
- 2 graham crackers
- 1 ounce ready-to-eat cereal (½ cup to 1 cup depending upon whether it is a flaked or puffed cereal)
- ½ to ¾ cup cooked cereal, cornmeal, grits, rice, spaghetti, macaroni, noodles. These should be enriched or whole grain
- 1 dumpling, pancake, waffle, yam, plantain, or sweet potato, ufi, tanniers
- 1 tortilla

Foods in this group, if they are whole grain or enriched cereals or flour products, provide iron, thiamine, riboflavin, and niacin. They also provide protein and food energy.

Butter or Fortified Margarine

One teaspoon is required in the meal pattern. This can be used as a spread for the bread or in food preparation, including seasoning of vegetables.

Both butter and fortified margarine contain the same nutrients (vitamin A and fat) and in the same amounts. Note that these do not fit into the milk group because of differences in nutrient content.

Desserts

The policy requirements state:

One, one-half cup serving. All fruits, full strength fruit juices, and simple desserts such as puddings, gelatin desserts, ice cream, ice milk and sherbet; cake, pie, cookies, and similar foods are also included.

Note: Cakes, cookies, and pie crusts made with enriched or whole grain flour or meal are more nutritious than those made with unenriched flour or meal.

Desserts add needed calories as well as nutrients. By observing your participants, you can determine whether more low or high calorie desserts should be provided. The emphasis in most cases should be on fruits or milk puddings. A choice of desserts is possible without additional expense and gives the participants a feeling of freedom in choosing one item.

Mrs. Gertrude Wagner from Hudson Guild Neighborhood House in New York City, herself over 70 years old, has maintained a successful nutrition program for years. She writes: "With the men, puddings are a favorite dessert. As a rule the starchy ones — rice, bread, or tapioca — appear on a menu that does not offer a starch with the entree. Ice cream is served only at the monthly birthday luncheon. That, too, is the only time the serving of cake or cookies is planned. On these occasions when cup cakes or cookies (homemade oatmeal) are left over, the cup cakes are put on the cafeteria line. Very few choose them for their dessert. They will buy them (5¢) to take home. It is gratifying that participants prefer fruit, possibly a result of the nutrition education. Oatmeal cookies are a different story. Needed is the manpower to make more of them. Besides being delicious, they are an excellent source of good nutrition. It wouldn't do to start selling the few that might be left. They are packed away in a tightly covered tin and refrigerated, to become a part of the next special occasion. Perhaps a volunteer cookie baker can be found!"[5]

[5] **Wagner, Gertrude W. 1972. Group meals for senior citizens in a community setting: a procedural manual. New York, CAFE Co-op. p. 34.**

Milk Group

The policy requirements state:

> **One-half pint. Fortified whole, skim, or low fat milk, flavored whole or fortified milk, buttermilk, and cheese.**
>
> **Note: The inability of a project to obtain a supply of milk on a continuing basis shall not bar it from participating in the program. In such cases, the State agency may approve the service of meals without fresh milk when an equivalent amount of canned, whole dry, or nonfat dry milk is used in the preparation of the components of the meal.**

All whole milk should be fortified with vitamin D whether fresh, canned, or dried. All skim milks should be fortified with both vitamins A and D whether fresh, canned, or dried.

Dried milks can be used in food preparation to enhance the nutritive quality of many combination dishes. Evaporated milk is readily available and, when diluted with water in equal parts, can be used in recipes requiring milk.

We depend on the milk group for added protein; it is a major source of calcium and riboflavin. The milk group in the meal pattern furnishes 36 percent of the recommended allowance for calcium and 26 percent of the riboflavin. (See "Nutrients Furnished by the Meal Pattern.") Fortified milks provide reliable sources of vitamins A and D. Milk is low in iron and vitamin C.

We have seen from nutritional status studies that many older peoples' diets are low in calcium and riboflavin. Since only a portion of the calcium is absorbed, the use of milk and milk products should be encouraged. If one-half pint milk cartons are served to each participant or someone fills the milk glasses rather than merely having pitchers of milk on the table, this may encourage its consumption. Serve foods made with milk such as creamed dishes and custards. If the participants in your nutrition project are unable to tolerate much milk, as may be true particularly of some Blacks and Native Americans, offer buttermilk or yogurt (which can be made very inexpensively from the USDA donated dried milk). Even with these individuals, small amounts of milk at a time can usually be tolerated. If you have a Jewish population that requires a kosher kitchen and meat is served at the nutrition project, the milk cartons may be put on a table to be picked up as participants leave. The milk could then be included in their morning or evening meal when meat is not served.

Instead of fortified milk, you may use the following, which are equivalent in calcium to these amounts of fluid milk:

1 ounce of cheddar cheese	¾ cup of milk
½ cup creamed cottage cheese	one third cup of milk
½ cup (¼ pint) ice cream	one third cup of milk

Note that it would take 1½ cups of cottage cheese or 1½ cups of ice cream to provide the same amount of calcium as obtained in 8 ounces of fluid milk.

Optional Beverages

The policy requirements state that:

> **Coffee, tea, decaffeinated beverages, cambric tea, soft drinks, and fruit flavored drinks may be used.**

Fruit flavored ades cannot be used as fruit juice but are an acceptable additional item. Alcoholic beverages may not be provided with nutrition project funds.

Iodized Salt

Iodized salt should be purchased instead of non-iodized. The cost is the same, so the food budget is not affected. Iodine is an essential mineral that is lacking in foods grown in certain areas of the United States.

Vitamin and Mineral Supplements

The policy requirements state that:

> **Vitamins and/or mineral supplements may NOT be provided with nutrition project funds.**

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